MATERIAL REVIEWED AT CIA HEADQUARTERS BY
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

SECRET

FILE TITLE/NUMBER/VOLUME: WILCOTT, James B.

INCLUSIVE DATES: 29 APRIL 1956 - 15 APRIL 1966

CUSTODIAL UNIT/LOCATION: OFFICE OF PERSONNEL

ROOM: 5E13

DELETIONS, IF ANY:

| DATE RECEIVED | DATE RETURNED | REVIEWED BY (PRINT NAME) | SIGNATURE OF REVIEWING OFFICIAL |
|---|---|---|---|
| 3-9-78 | 3-9-78 | HAROLD D. LEAP | Harold D. Leap |
| | | | |
| | | | |
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NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE.

SECRET

WILCOTT, JAMES B. 25798 TERMINATED

14-00000

SECRET

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 21 Apr 66

| 1 SERIAL NUMBER | 2. NAME (Last-First-Middle) |
|---|---|
| 025798 | [illegible] JAMES B. JR |

| 3 NATURE OF PERSONNEL ACTION | 4 EFFECTIVE DATE REQUESTED | 5 CATEGORY OF EMPLOYMENT |
|---|---|---|
| RESIGNATION * | C.O.B. 04 15 66 | REGULAR |

| 6 FUNDS | V TO V | V TO CF | CF TO V | CF TO CF (X) | 7 COST CENTER NO. CHARGEABLE | 8 LEGAL AUTHORITY (Completed by Office of Personnel) |
|---|---|---|---|---|---|---|
| | | | | X | 6135 1164 | |

9 ORGANIZATIONAL DESIGNATIONS

DDP/WH USFIELD
WH/C JMWAVE
DEP CHIEF OF STATION FOR OPS SUPPORT
FINANCE BRANCH

10 LOCATION OF OFFICIAL STATION: JMWAVE

| 11 POSITION TITLE | 12 POSITION NUMBER | 13 CAREER SERVICE DESIGNATION |
|---|---|---|
| FISCAL ACCT ASST | 1369 | SF |

| 14 CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP | 17 SALARY OR RATE |
|---|---|---|---|
| GS | 0501.03 | 07 4 | $ 6890. |

18 REMARKS

* Staff Employee Special

Subject is re-employable

Resignation Memo Attached

| 18A SIGNATURE OF REQUESTING OFFICIAL | DATE SIGNED | 18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER | DATE SIGNED |
|---|---|---|---|
| Robert D. Gishman, JMWAVE/Pers | 22 April | Head, SF Career Service | |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING NUMERIC | ALPHABETIC | 22 STATION CODE | 23 INTEGREE CODE | 24 VOUCHERS CODE | 25 DATE OF BIRTH MO. DA. YR. | 26 DATE OF GRADE MO. DA. YR. | 27 DATE OF LEI MO. DA. YR. |
|---|---|---|---|---|---|---|---|---|---|
| 45 | 10 | | | | | 2 | 09 27 31 | | |

| 28 NTE EXPIRES MO. DA. YR. | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA 1—CSC 3—FICA 5—NONE | CODE | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA TYPE MO. DA. YR. | EOD DATA | 33 SECURITY REQ NO. | 34 SEX |
|---|---|---|---|---|---|---|---|---|
| | | | 1 | 60 66 45 | | | | |

| 35 VET. PREFERENCE CODE (0—NONE 1—5 PT 2—10 PT) | 36 SERV COMP DATE MO. DA. YR. | 37 LONG COMP. DATE MO. DA. YR. | 38 CAREER CATEGORY (CAR RESV PROV. TEMP) CODE | 39 FEGLI-HEALTH INSURANCE CODE (0—WAIVED 1—YES) HEALTH INS CODE | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

| 41 PREVIOUS GOVERNMENT SERVICE DATA CODE (0—NO PREVIOUS SERVICE 1—NO BREAK IN SERVICE 2—BREAK IN SERVICE (LESS THAN 3 YEARS) 3—BREAK IN SERVICE (MORE THAN 3 YEARS)) | 42 LEAVE CAT. CODE | 43 FEDERAL TAX DATA: FORM EXECUTED (1—YES 2—NO) | CODE | NO TAX EXEMPTIONS | 44 STATE TAX DATA: FORM EXECUTED (1—YES 2—NO) | CODE | NO. TAX EXEMP | STATE CODE |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 45 POSITION CONTROL CERTIFICATION | 46 C.P. APPROVAL | DATE APPROVED |
|---|---|---|
| [illegible signature] | L. G. [illegible signature] | 5/16/66 |

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14-00000

SECRET

(When Filled In)

## EMPLOYEE NOTICE OF RESIGNATION

I RESIGN EFFECTIVE 15 Apr 66 (Date) FOR THE FOLLOWING REASON:

MAY 9 10 10 AM '66 MAIL ROOM

OF PERSONNEL

Conventional

| MY LAST WORKING DAY WILL BE— | DATE SIGNED | SIGNATURE OF EMPLOYEE |
|---|---|---|
| | | Richard Mino |

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

### INSTRUCTIONS

Items 1 thru 7 and Items 9 thru 18a — The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 — "Category of Employment" should show one of the following entries:

| | | |
|---|---|---|
| Regular | Summer | WAE |
| Part Time | Detail Out | Consultant |
| Temporary | Detail In | Military |
| ~~Temporary-Part-Time~~ | | |

Item 9 — "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE: Major Component *(Director, Deputy Director, etc.)* Office, Major Staff, etc.
Foreign Field or U.S. Field *(if pertinent)*
Division or Staff *(subordinate to first line)*
Branch
Section
Unit

MAY 10 10 01 AM '66 OFFICE OF PERSONNEL

Items 11 and 15 — "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18—Remarks.

Item 18b — Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, *the gaining Career Service should approve* and the other Career Service should concur in Item 18, Remarks.

*ROUTING*— The original only of this form will be forwarded to the Office of Personnel *through* the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of the Comptroller, one copy only will be sent to the Office(s) concerned.

SECRET

SECRET

(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 9 November 1965

| 1. SERIAL NUMBER | 2. NAME (Last-First-Middle) |
|---|---|
| 025798 | WILCOTT, James B., Jr. |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| EXCEPTED APPOINTMENT * | 11 / 21 / 65 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. COST CENTER NO. CHARGEABLE | 8. LEGAL AUTHORITY (Completed by Office of Personnel) |
|---|---|---|---|---|---|---|
| | | | | X | 6135-1164 | |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH U.S.Field<br>WH/C JMWAVE<br>Deputy Chief of Station for Operational Support<br>Finance Branch | JMWAVE |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION |
|---|---|---|
| FISCAL ACCT. ASST. (SF) | 1369 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS (07) | 0501.03 | 07 (4) | $ 6890 |

18. REMARKS

*Staff Employee Special. c-03-60

#109301

| 18A. SIGNATURE OF REQUESTING OFFICIAL | DATE SIGNED | 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | DATE SIGNED |
|---|---|---|---|
| ROBERT D. CASHMAN, C/WH/Pers. | 9 Nov 65 | | 16 Nov 65 |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. EMPLOY CODE | 21. OFFICE CODING NUMERIC | ALPHABETIC | 22. STATION CODE | 23. INTEGREE CODE | 24. HOOTES CODE | 25. DATE OF BIRTH MO. DA. YR. | 26. DATE OF GRADE MO. DA. YR. | 27. DATE OF LEI MO. DA. YR. |
|---|---|---|---|---|---|---|---|---|---|
| 13 | 10 | 51550 | wh | 99999 | | — | 09 29 31 | 09 15 63 | 09 13 64 |

| 28. NTE EXPIRES MO. DA. YR. | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA 1—CSC 3—FICA 5—NONE | CODE | 31. SEPARATION DATA CODE | 32. CORRECTION, CANCELLATION DATA TYPE | MO. DA. YR. | EOD DATA | 33. SECURITY REQ. NO. | 34. SEX |
|---|---|---|---|---|---|---|---|---|---|
| | | | 1 | | | | | [illegible] | M |

| 35. VET. PREFERENCE CODE (0—NONE 1—5 PT 2—10 PT) | 36. SERV. COMP. DATE MO. DA. YR. | 37. LONG COMP. DATE MO. DA. YR. | 38. CAREER CATEGORY (CAR RESV PROV TEMP) CODE | 39. FEGLI/HEALTH INSURANCE CODE (0—WAIVER 1—YES) | HEALTH INS. CODE | 40. SOCIAL SECURITY NO. |
|---|---|---|---|---|---|---|
| 1 | 06 26 53 | 03 04 57 | C | 1 | — | — |

| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0—NO PREVIOUS SERVICE; 1—NO BREAK IN SERVICE; 2—BREAK IN SERVICE (LESS THAN 3 YEARS); 3—BREAK IN SERVICE (MORE THAN 3 YEARS)) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA FORM EXECUTED (1—YES 2—NO) | CODE | NO. TAX EXEMPTIONS | 44. STATE TAX DATA FORM EXECUTED (1—YES 2—NO) | CODE | NO TAX EXEMP | STATE CODE |
|---|---|---|---|---|---|---|---|---|
| 1 | 6 | | 0 | 0 | — | — | — | — |

| 45. POSITION CONTROL CERTIFICATION | 46. OP APPROVAL | DATE APPROVED |
|---|---|---|
| 12-2045-H | | 11/17/65 |

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

(4)

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

| | |
|---|---|
| DATE PREPARED | 9 November 1965 |
| 1. SERIAL NUMBER | 025798 |
| 2. NAME (Last-First-Middle) | [redacted] Wilcott, James B. Jr. |
| 3. NATURE OF PERSONNEL ACTION | RESIGNATION |
| 4. EFFECTIVE DATE REQUESTED (Month / Day / Year) | 11 / 28 / 65 |
| 5. CATEGORY OF EMPLOYMENT | REGULAR |
| 6. FUNDS | V to V; V to CF; CF to V; X CF to CF |
| 7. COST CENTER NO. CHARGEABLE | 6135-1164 |
| 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9. ORGANIZATIONAL DESIGNATIONS | DDP/WH U.S. Field<br>WH/C JMWAVE<br>Deputy Chief of Station for Operational Support<br>Finance Branch |
| 10. LOCATION OF OFFICIAL STATION | JMWAVE |
| 11. POSITION TITLE | FISCAL ACCT. ASST. |
| 12. POSITION NUMBER | 1369 |
| 13. CAREER SERVICE DESIGNATION | SP |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | GS |
| 15. OCCUPATIONAL SERIES | 0501.03 |
| 16. GRADE AND STEP | 07 (4) |
| 17. SALARY OR RATE | $ 6390 |
| 18. REMARKS | |
| 18A. SIGNATURE OF REQUESTING OFFICIAL | ROBERT D. CASHMAN, C/WH/Pers |
| DATE SIGNED | 9 Nov 65 |
| 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | [signature] |
| DATE SIGNED | 10 Nov 65 |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY. CODE | 21. OFFICE CODING (Numeric / Alphabetic) | 22 STATION CODE | 23 INTEGREE CODE | 24 HDQTRS CODE | 25 DATE OF BIRTH (Mo. Da. Yr.) | 26 DATE OF GRADE (Mo. Da. Yr.) | 27 DATE OF LEI (Mo. Da. Yr.) |
|---|---|---|---|---|---|---|---|---|
| 72 | 10 | | | | | 09 27 31 | | |

| 28 NTE EXPIRES (Mo. Da. Yr.) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1—CSC, 2—FICA, 3—NONE) / CODE | 31 SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA (Type, Mo. Da. Yr.) | EOD DATA | 33 SECURITY REQ. NO | 34 SEX |
|---|---|---|---|---|---|---|---|
| | | | 1RD009 | | | | |

| 35 VET PREFERENCE (Code; 0—None, 1—5 Pt, 2—10 Pt) | 36. SERV COMP DATE (Mo. Da. Yr.) | 37 LONG COMP DATE (Mo. Da. Yr.) | 38 CAREER CATEGORY (Car Resv Prov/Temp; Code) | 39 FEGLI HEALTH INSURANCE (Code: 0—Waiver, 1—Yes; Health Ins. Code) | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

| 41 PREVIOUS GOVERNMENT SERVICE DATA (Code: 0—No previous service, 1—No break in service, 2—Break in service (less than 3 years), 3—Break in service (more than 3 years)) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA (Form executed 1—Yes 2—No; Code; No. Tax Exemptions) | 44 STATE TAX DATA (Form executed 1—Yes 2—No; Code; No Tax Exemp.; State Code) |
|---|---|---|---|
| | | | |

| 45 POSITION CONTROL CERTIFICATION | 46 O P APPROVAL | DATE APPROVED |
|---|---|---|
| 12-20-65 TV | Joseph B. Hagan | 11 Nov 65 |

FORM 8-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 15 April 1965

1. SERIAL NUMBER: 025793
2. NAME (Last-First-Middle): [redacted] Wilcott, James B
3. NATURE OF PERSONNEL ACTION: EXCEPTED APPOINTMENT
4. EFFECTIVE DATE REQUESTED: MONTH 04 DAY 25 YEAR 65
5. CATEGORY OF EMPLOYMENT: REGULAR
6. FUNDS: V TO V / CF TO V / V TO CF / X CF TO CF
7. COST CENTER NO. CHARGEABLE: 5135-1164
8. LEGAL AUTHORITY (Completed by Office of Personnel):
9. ORGANIZATIONAL DESIGNATIONS: DDP/Special Affairs Staff, U. S. Field, Forward Operations Station - JMWAVE, Deputy for Support, Finance Branch
10. LOCATION OF OFFICIAL STATION: JMWAVE
11. POSITION TITLE: FISCAL ACCT. ASST.
12. POSITION NUMBER: 1030
13. CAREER SERVICE DESIGNATION: SF
14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0501.03
16. GRADE AND STEP: 07 (4)
17. SALARY OR RATE: $ 6650

18. REMARKS

Subject replacing [illegible], rotating to Headquarters latter part of May 1965.

C-03-60

OVERLAP

Recd [illegible] 45

1 cy Payroll

Concur: [signature] 4/27/65 [illegible]

18A. SIGNATURE OF REQUESTING OFFICIAL: [signature] [illegible], C/FI/Ops. — DATE SIGNED: 15 Apr 65

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [signature] for Head, Sr Career Service — DATE SIGNED:

## SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 EMPLOY CODE | 21 OFFICE CODING NUMERIC | 21 ALPHABETIC | 22 STATION CODE | 23 INTEGREE CODE | 24 HQDTRS CODE | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE (MO DA YR) | 27 DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|---|
| 13 | 10 | 4960 | SAS | 99999 | | 2 | 09 27 31 | 09 15 63 | 09 13 64 |

| 28 NTE EXPIRES (MO DA YR) | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1-CSC, 3-FICA, 5-NONE) CODE | 31 SEPARATION DATA CODE | 32 CORRECTION-CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33 SECURITY REQ NO | 34 SEX |
|---|---|---|---|---|---|---|---|
| | | 1 | | | | 00000 | M |

| 35 VET PREFERENCE CODE (0-NONE, 1-5 PT, 2-10 PT) | 36 SERV. COMP DATE (MO DA YR) | 37 LONG COMP DATE (MO DA YR) | 38 CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE | 39 FEGLI CODE (0-WAIVER, 1-YES) | 39 HEALTH INS. CODE | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|---|
| 1 | 06 26 53 | 03 04 57 | C | 1 | — | — |

| 41 PREVIOUS GOVERNMENT SERVICE DATA CODE (0-NO PREVIOUS SERVICE, 1-NO BREAK IN SERVICE, 2-BREAK IN SERVICE (LESS THAN 3 YEARS), 3-BREAK IN SERVICE (MORE THAN 3 YEARS)) | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA FORM EXECUTED (1-YES, 2-NO) | 43 CODE | 43 NO TAX EXEMPTIONS | 44 STATE TAX DATA FORM EXECUTED (1-YES, 2-NO) | 44 CODE | 44 NO. TAX EXEMP. | 44 STATE CODE |
|---|---|---|---|---|---|---|---|---|
| 1 | 6 | | 0 | 0 | — | — | — | — |

45. POSITION CONTROL CERTIFICATION: 4-26-65 HT

46. OP APPROVAL: Joseph B. Rogan — DATE APPROVED: 27 APR 1965

FORM 6-63 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

| | |
|---|---|
| DATE PREPARED | 19 April 1965 |
| 1. SERIAL NUMBER | 025798 |
| 2. NAME (Last-First-Middle) | WILCOTT, James B., Jr. |
| 3. NATURE OF PERSONNEL ACTION | Resignation |
| 4. EFFECTIVE DATE REQUESTED (Month/Day/Year) | 04 24 65 |
| 5. CATEGORY OF EMPLOYMENT | Regular |
| 6. FUNDS | X V TO V; V TO CF; CF TO V; CF TO CF |
| 7. COST CENTER NO. CHARGEABLE | 5271-0003 |
| 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9. ORGANIZATIONAL DESIGNATIONS | DDS OFFICE OF FINANCE<br>Confidential Funds Division<br>Compensation and Tax Accounts Branch<br>Contract Agents Accounts Section |
| 10. LOCATION OF OFFICIAL STATION | Washington, D. C. |
| 11. POSITION TITLE | Finance Assistant (7) |
| 12. POSITION NUMBER | 0470 |
| 13. CAREER SERVICE DESIGNATION | SF |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | GS |
| 15. OCCUPATIONAL SERIES | 0510.16 |
| 16. GRADE AND STEP | 07 4 |
| 17. SALARY OR RATE | $ 6650 |

15
E

18. REMARKS

Ice - Security
Ice - Payroll

| 18A. SIGNATURE OF REQUESTING OFFICIAL | DATE SIGNED | 18B. SIGNATURE OF CAREER SERVICE APPROVING | DATE SIGNED |
|---|---|---|---|
| [signature] Act. Chief, C&T Division | 19 APR 1965 | [signature] Act. Director of Finance | 19 APR 1965 |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. EMPL. CODE | 21. OFFICE CODING | 22. STATION CODE | 23. INTEGREE CODE | 24. HDQTRS. CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
|---|---|---|---|---|---|---|---|---|
| 45 | 10 | | | | 1 | 09 27 31 | | |

| 28. NTE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | | 33. SECURITY REQ. NO. | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | 1 - CSC; 3 - FICA; 5 - NONE | 1BDCC7 | 1 | EOD DATA | | |

| 35. VET. PREFERENCE | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. |
|---|---|---|---|---|---|
| 0 - NONE; 1 - 5 PT.; 2 - 10 PT. | | | CAR/RESV; PROV/TEMP | 0 - WAIVED; 1 - YES | |

| 41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA |
|---|---|---|---|
| 0 - NO PREVIOUS SERVICE; 1 - NO BREAK IN SERVICE; 2 - BREAK IN SERVICE (LESS THAN 3 YRS); 3 - BREAK IN SERVICE (MORE THAN 3 YRS) | | FORM EXECUTED 1 - YES 2 - NO; NO. TAX EXEMPTIONS | FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMP.; STATE CODE |

| 45. POSITION CONTROL CERTIFICATION | 46. O.P. APPROVAL | DATE APPROVED |
|---|---|---|
| 4-26-65 HT | [signature] | 22 APR 1965 |

DLB: 27 APR 65

OEF

# NOTIFICATION OF PERSONNEL ACTION

| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) |
| --- | --- |
| 025798 | WILCOTT JAMES B JR |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO. DA. YR) | 5. CATEGORY OF EMPLOYMENT |
| --- | --- | --- |
| RESIGNATION | 04 24 65 | REGULAR |

| 6. FUNDS | | V TO V | | V TO CF | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
| --- | --- | --- | --- | --- | --- | --- |
| | X | CF TO V | | CF TO CF | 5277 0003 0000 | |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
| --- | --- |
| | |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
| --- | --- | --- |
| FINANCE ASSISTANT | 0470 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
| --- | --- | --- | --- |
| GS | 0510.18 | 07 4 | 6850 |

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION

Form 1150 11-62 Use Previous Edition (4-61)

14-00000

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 15 September 1964

1. SERIAL NUMBER: 025798

2. NAME (Last-First-Middle): WILCOTT, James ~~Bernard~~, Jr.

3. NATURE OF PERSONNEL ACTION: Reassignment & Transfer to Vouchered Funds

4. EFFECTIVE DATE REQUESTED: MONTH 10 DAY 11 YEAR 64

5. CATEGORY OF EMPLOYMENT: Regular

6. FUNDS: V TO V; V TO CF; X CF TO V; CF TO CF

7. COST CENTER NO. CHARGEABLE: 5277-0003

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS:
DDS OFFICE OF FINANCE
Confidential Funds Division
Compensation and Tax Accounts Branch
Contract Agents Accounts Section

10. LOCATION OF OFFICIAL STATION: Washington, D. C.

11. POSITION TITLE: Finance Assistant

12. POSITION NUMBER: C 470

13. CAREER SERVICE DESIGNATION: SF

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS

15. OCCUPATIONAL SERIES: 0510.16

16. GRADE AND STEP: 07/4

17. SALARY OR RATE: $ 6650

18. REMARKS

From: FE/Tokyo

CONCUR: Security Approval Granted by Pers. SB/OS 9/21/64

FE/Personnel

1cc - Sec
1cc - Payroll w/ Forms W-4 and

18A. SIGNATURE OF REQUESTING OFFICIAL: Acting Chief, C&T Division

DATE SIGNED

18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: Adm. Officer-O/Finance

DATE SIGNED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. EMPLOY. CODE | 21. OFFICE CODING (NUMERIC) | 21. OFFICE CODING (ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. HOOTRS CODE | 25. DATE OF BIRTH (MO. DA. YR.) | 26. DATE OF GRADE | 27. DATE OF LEI |
|---|---|---|---|---|---|---|---|---|---|
| 16 | 16 | 1260 | F-12 | 2-413 | | 1 | 09 27 31 | | |

28. NTE EXPIRES (MO. DA. YR.) · 29. SPEC. AL. REFERENCE · 30. RETIREMENT DATA (1 - CSC, 3 - FICA, 5 - NONE) · 31. SEPARATION DATA CODE · 32. CORRECTION/CANCELLATION DATA · EOD DATA · 33. SECURITY REQ. NO. · 34. SEX

35. VET. PREFERENCE (0 - NONE, 1 - 5 PT., 2 - 10 PT) · 36. SERV. COMP. DATE · 37. LONG. COMP. DATE · 38. CAREER CATEGORY (CAR/RESV, PROV/TEMP) · 39. FEGLI / HEALTH INSURANCE (0 - WAIVED, 1 - YES; HEALTH INS. CODE) · 40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA (0 - NO PREVIOUS SERVICE; 1 - NO BREAK IN SERVICE; 2 - BREAK IN SERV. OF LESS THAN 3 YRS; 3 - BREAK IN SERV. OF MORE THAN 3 YRS) · 42. CAT. CODE · 43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMPTIONS) · 44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMP.; STATE CODE)

45. POSITION CONTROL CERTIFICATION: from FE

46. O.P. APPROVAL

DATE APPROVED: 1 Oct 64

FORM 1152 OBSOLETE PREVIOUS EDITION AND FORM 1152a.

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(4)

14-00000

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

| Field | Entry |
|---|---|
| DATE PREPARED | 3 SEPTEMBER 1963 |
| 1. SERIAL NUMBER | 025798 |
| 2. NAME (Last-First-Middle) | WILCOTT, JAMES B., JR. |
| 3. NATURE OF PERSONNEL ACTION | PROMOTION |
| 4. EFFECTIVE DATE REQUESTED (MONTH / DAY / YEAR) | 09 / 15 / 63 |
| 5. CATEGORY OF EMPLOYMENT | REGULAR |
| 6. FUNDS | V TO V / V TO CF / CF TO V / XXXXX CF TO CF |
| 7. COST CENTER NO. CHARGEABLE | 4137-7351-1000 |
| 8. LEGAL AUTHORITY (Completed by Office of Personnel) | |
| 9. ORGANIZATIONAL DESIGNATIONS | DDP FE<br>~~[struck out]~~<br>FE/JKO - TOKYO STATION<br>SUPPORT STAFF |
| 10. LOCATION OF OFFICIAL STATION | TOKYO, JAPAN |
| 11. POSITION TITLE | FISCAL ACCT ASST |
| 12. POSITION NUMBER | 3167 |
| 13. CAREER SERVICE DESIGNATION | SF |
| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | GS |
| 15. OCCUPATIONAL SERIES | ~~251~~ 0501.03 |
| 16. GRADE AND STEP | 07 03 |
| 17. SALARY OR RATE | $ 5,910 |
| 18. REMARKS | FROM: GS- 6 step 4<br><br>FOR FURTHER INFO, CALL X5271 |
| 18A. SIGNATURE OF REQUESTING OFFICIAL | LEE AUSTIN, CFE/PERSONNEL |
| DATE SIGNED | 05 SEP 1963 |
| 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER | Admin. Officer, O/Comptroller |
| DATE SIGNED | 9/11/63 |

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| Field | Entry |
|---|---|
| 19. ACTION CODE | 22 |
| 20. EMPLOY. CODE | 10 |
| 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 45370 / FE |
| 22. STATION CODE | 38371 |
| 23. INTEGREE CODE | |
| 24. HOOTRS CODE | 3 |
| 25. DATE OF BIRTH (MO. DA. YR.) | 09 27 31 |
| 26. DATE OF GRADE | |
| 27. DATE OF LEI | |
| 28. NTE EXPIRES | |
| 29. SPECIAL REFERENCE | |
| 30. RETIREMENT DATA | 1 - CSC, 3 - FICA, 5 - NONE |
| 31. SEPARATION DATA CODE | |
| 32. CORRECTION/CANCELLATION DATA | |
| EOD DATA | |
| 33. SECURITY REQ. NO. | |
| 34. SEX | |
| 35. VET. PREFERENCE | 0 - NONE, 1 - 5 PT., 2 - 10 PT. |
| 36. SERV. COMP. DATE | |
| 37. LONG. COMP. DATE | |
| 38. CAREER CATEGORY | CAR/RESV, PROV/TEMP |
| 39. FEGLI / HEALTH INSURANCE | 0 - WAIVER, 1 - YES |
| 40. SOCIAL SECURITY NO. | |
| 41. PREVIOUS GOVERNMENT SERVICE DATA | 0 - NO PREVIOUS SERVICE; 1 - NO BREAK IN SERVICE; 2 - BREAK IN SERVICE (LESS THAN 3 YRS); 3 - BREAK IN SERVICE (MORE THAN 3 YRS) |
| 42. LEAVE CAT. CODE | |
| 43. FEDERAL TAX DATA | FORM EXECUTED: 1 - YES, 2 - NO |
| 44. STATE TAX DATA | |
| 45. POSITION CONTROL CERTIFICATION | 09/13/63 |
| 46. O.P. APPROVAL | |
| DATE APPROVED | 13 SEP 63 |

FORM 4.62 1152 OBSOLETE PREVIOUS EDITION AND FORM 1152a.

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(4)

SECRET
(When Filled In)

# REQUEST FOR PERSONNEL ACTION

DATE PREPARED: 13 October 1961

1. SERIAL NUMBER: 025798
2. NAME (Last-First-Middle): Wilcott, James B., Jr.

3. NATURE OF PERSONNEL ACTION: Promotion
4. EFFECTIVE DATE REQUESTED: MONTH 11 DAY 12 YEAR 61
5. CATEGORY OF EMPLOYMENT: Regular

6. FUNDS: V TO V | V TO CF | CF TO V | CF TO CF x
7. COST CENTER NO. CHARGEABLE: 2137-7351-1000
8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS
14
DDF/FE
FE/JAO - Tokyo Station
Support Staff- TOKYO

10. LOCATION OF OFFICIAL STATION: Tokyo, Japan

11. POSITION TITLE: Fiscal Acct Asst D-07
12. POSITION NUMBER: 3167-0
13. CAREER SERVICE DESIGNATION: SF

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS
15. OCCUPATIONAL SERIES: 0501.03
16. GRADE AND STEP: 6 ~~3~~ 4
17. SALARY OR RATE: $ ~~4,930~~ 5,325

18. REMARKS

Promotion from GS-5, Step ~~6~~ 5 to GS-6, Step ~~3~~ 4

18A. SIGNATURE OF REQUESTING OFFICIAL: ~~N.L. Shobe, CFE/FIS~~
DATE SIGNED:
18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER: E. R. SAUNDERS, Comptroller
DATE SIGNED: 1961

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. EMPLOY. CODE | 21. OFF. CODING NUMERIC | ALPHABETIC | 22. STATION CODE | 23. INTEGREE CODE | 24. HQTRS CODE | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
|---|---|---|---|---|---|---|---|---|---|
| 22 | 10 | 56??? | FE | 27587 | | 3 | 09 27 31 | 11 12 61 | 11 12 61 |

| 28. NTE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 3 - FICA, 5 - NONE) | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | 33. SECURITY REQ. NO. | 34. SEX |
|---|---|---|---|---|---|---|
| | | | | EOD DATA | | |

| 35. VET. PREFERENCE (0 - NONE, 1 - 5 PT, 2 - 10 PT) | 36. SERV. COMP. DATE | 37. LONG. COMP. DATE | 38. MIL SERV. CREDIT (1 - YES, 2 - NO) | 39. FEGLI / HEALTH INSURANCE (0 - WAIVED, 1 - YES) | HEALTH INS. CODE | 40. SOCIAL SECURITY NO. |
|---|---|---|---|---|---|---|
| | | | | | | |

| 41. PREVIOUS GOVERNMENT SERVICE DATA (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE LESS THAN 12 MOS, 3 - BREAK IN SERVICE MORE THAN 12 MOS) | 42. LEAVE CAT. CODE | 43. FEDERAL TAX DATA: FORM EXECUTED (1 - YES, 2 - NO) | CODE | NO. TAX EXEMPTIONS | 44. STATE TAX DATA: FORM EXECUTED (1 - YES, 2 - NO) | CODE | NO. TAX EXEMP. | STATE CODE |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

45. POSITION CONTROL CERTIFICATION: [signature] Kearney 11/02/61
46. O.P. APPROVAL: [signature]
DATE APPROVED: 11/3/61

FORM 8-61 1152 USE PREVIOUS EDITION. SECRET (4)

14-00000

SECRET

# APPLICATION FOR MEMBERSHIP in the CAREER STAFF of the CENTRAL INTELLIGENCE AGENCY

To the Director of Central Intelligence

Sir:

I submit herewith my application for membership in the Career Staff of the Central Intelligence Agency as defined below:

"The Career Staff of the Central Intelligence Agency is a group of carefully selected and trained individuals who accept an obligation to devote themselves to the needs of the Agency, and who intend to make a career with the Agency."

In accordance with this definition, I desire to devote myself to the faithful performance of duty in the Central Intelligence Agency, and I accept the obligations and conditions of that service which are determined to be essential to the furtherance of its mission.

I am aware of the many restrictions necessarily placed upon me by virtue of the security requirements inherent in my employment by the Central Intelligence Agency. I am also aware that as a member of the Career Staff, it will be my obligation to serve anywhere and at any time and for any kind of duty as determined by the needs of the Agency, and I have been assured that in order to carry out this policy, full consideration will be given to my particular capabilities, interests, and personal circumstances. By virtue of this application for membership and upon my acceptance in the Career Staff, I am assured that, with continuing satisfactory work performance and conduct on my part, just and equitable attention will be accorded my personal progress during my tenure in the Career Staff. I am also assured that, on my satisfactory completion of any assignments, I will be offered reassignments which are compatible insofar as possible with my abilities and career interests, and that I shall be entitled to the benefits now available or to be made available in the future to members of the Career Staff of the Central Intelligence Agency.

MEMBERSHIP IN THE CAREER STAFF OF THE CENTRAL INTELLIGENCE AGENCY APPROVED, TO TAKE EFFECT 4 MAR 1960

FOR THE DIRECTOR OF CENTRAL INTELLIGENCE:
EXECUTIVE DIRECTOR
THE CIA SELECTION BOARD

Daniel C. Knapp

(Signature)

(Date)

SECRET

# REQUEST FOR PERSONNEL ACTION

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo. Da. Yr.) | 4. Vet Pref (None-0, 5 Pt-1, 10 Pt-2) Code | 5. Sex | 6. CS-EOD (Mo. Da. Yr.) |
|---|---|---|---|---|---|
| | Wilcott, James B., Jr. | 09 27 31 | 1 | M | |

| 7. SCD (Mo. Da. Yr.) | 8. CSC Retmt. (Yes-1, No-2) Code | 9. CSC Or Other Legal Authority | 10. Apmt Affidav. (Mo. Da. Yr.) | 11. FEGLI (Yes-1, No-2) Code | 12. LCD (Mo. Da. Yr.) | 13. (Yes-1, No-2) Code |
|---|---|---|---|---|---|---|
| | | | | 1 | | |

## PREVIOUS ASSIGNMENT

8

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS/Office of the Comptroller<br>Finance Div. Accounts Branch<br>Accounting Control Section<br>Accts Receivable and Payable Unit | | Wash., D.C. | |

| 16. Dept. - Field (Dept. - USHQ - Frgn) Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 2 | Fiscal Acct Clk | 0506 | GS | 0501.04 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo. Da. Yr.) | 25. PSI Due (Mo. Da. Yr.) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 05 3 | $ 4340 | SF | 9 12 57 | 9 18 60 | 0263 1040 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo. Da. Yr.) | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| Reassignment + T to CF | 11 | 05 15 60 | Regular | 01 | |

## PRESENT ASSIGNMENT

14

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP/FE<br>FE/JAO - Tokyo Station<br>Support Staff - Tokyo | 4171 | Tokyo, Japan | 37587 |

| 33. Dept. - Field (Dept. - USHQ - Frgn) Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 5 | Fiscal Acct Asst | 3167 | | 0501.03 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo. Da. Yr.) | 42. PSI Due (Mo. Da. Yr.) | 43. Appropriation Number |
|---|---|---|---|---|---|
| | $ | | | | 0137 7351 3000 |

## SOURCE OF REQUEST

A. Requested By (Name And Title): P. F. Remic, CFE/JAO for

B. For Additional Information Call (Name & Telephone Ext.): Roselle Little, X2957

C. Request Approved By (Signature And Title): Robert D. Cashman, CFE/Personnel

## CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | | | D. Placement | | |
| B. Pos. Control | | 2-23-60 | E. | | |
| C. Classification | | | F. Approved By | | 2/24/60 |

Remarks

2 copies to Security.

Please transfer from vouchered to unvouchered funds as of 15 May 1960.

Subject to replace Robert Weber, who is returning to ZI June 1960.

FORM NO. 1 MAR 57 1152 (4)

SECRET

14-00000

# REQUEST FOR PERSONNEL ACTION

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo. Da. Yr.) | 4. Vet Pref (None-0, 5 Pt-1, 10 Pt-2) Code | 5. Sex | 6. CS-ED (Mo. Da. Yr.) |
|---|---|---|---|---|---|
| 125798 | WILCOTT JAMES B JR | 09 27 31 | 1 | M 1 | 03 04 57 |

| 7. SCD (Mo. Da. Yr.) | 8. CSC Retmt (Yes-1 No-2) Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav (Mo. Da. Yr.) | 11. FEGLI (Yes-1 No-2) Code | 12. LCD (Mo. Da. Yr.) | 13. (Yes-1 No-2) Code |
|---|---|---|---|---|---|---|
| 06 26 53 | 1 | 50 USCA 403 J | | | 03 04 57 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER<br>FINANCE DIVISION<br>COMPENSATION AND TAX ACCTS BR<br>CONTRACT AGENTS ACCTS SECT. | 3803 | WASH., D. C. | 75013 |

| 16. Dept.-Field (Dept - USfld - Frgn -) Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 2 | FINANCE ASST | 0470 | GS | 0510.14 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo. Da. Yr.) | 25. PSI Due (Mo. Da. Yr.) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 05 ~~XX~~ 3 | $ ~~XXXXX~~ 4340 | SF | 03 122 157 | ~~03 120 159~~ 9 18 60 | 9 6300 20 004 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo. Da. Yr.) | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| Reassignment | 36 | ASAP | Regular | 01 | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS/Office of the Comptroller<br>Finance Division, Accounts Branch<br>Accounting Control Section<br>Accts Receivable and Payable Unit | ↑ | Wash., DC | |

| 33. Dept.-Field (Dept - XX, USfld -, Frgn -) Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 2 | Fiscal Acct Clk | 506 | | 0501.04 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo. Da. Yr.) | 42. PSI Due (Mo. Da. Yr.) | 43. Appropriation Number |
|---|---|---|---|---|---|
| 5/3 | $ 4340 | SF | | | 0263-1040 |

## SOURCE OF REQUEST

A. Requested By (Name And Title) [signature]
R. E. WOMAC, Deputy Chief, Finance Division

B. For Additional Information Call (Name & Telephone Ext.)

C. Request Approved By (Signature And Title) [signature]
Comptroller

## CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | | | D. Placement | | |
| B. Pos. Control | fg | 10-2-59 | E. | | |
| C. Classification | | | F. Approved By | [signature] M. McKenney | |

Remarks

FORM NO. 1152
1 MAR 57

(4)

# REQUEST FOR PERSONNEL ACTION

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo. Da. Yr.) | 4. Vet Pref (None-0, 5 Pt-1, 10 Pt-2) Code | 5. Sex | 6. CS-EOD (Mo. Da. Yr.) |
|---|---|---|---|---|---|
| 125798 | WILCOTT JAMES B JR | 09 27 31 | 1 | M 1 | 03 04 57 |

| 7. SCD (Mo. Da. Yr.) | 8. CSC Retmt. (Yes-1 No-2) Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. (Mo. Da. Yr.) | 11. FEGLI (Yes-1 No-2) Code | 12. LCD (Mo. Da. Yr.) | 13. Mil. Serv. Credit (Yes-1 No-2) Code |
|---|---|---|---|---|---|---|
| 06 26 53 | 1 | 50 USCA 403 J | | | 03 04 57 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER<br>FINANCE DIV<br>COMPENSATION & TAX ACCTS BR<br>STAFF EMPLOYEES ACCTS SECTION | 3803 | WASH., D. C. | 75013 |

| 16. Dept. - Field (Dept.- USfld.- Frgn.-) Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 2 | TIME LV PAY CLK | 0305 ~~02~~ | GS | 0544.01 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo. Da. Yr.) | 25. PSI Due (Mo. Da. Yr.) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 05 1/2 | $ ~~3610~~ 4190 | SF | 09 22 57 | 09 21 58 | ~~XXXXXXXX~~ 9-6300-20-004 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo. Da. Yr.) | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| Reassignment | 56 | ASAP 05 25 57 | Regular | 01 | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS/Office of the Comptroller<br>Finance Division<br>Compensation and Tax Accounts Branch<br>Contract Agents Accounts Section | 3803 | Wash., DC | 75013 |

| 33. Dept. - Field (Dept.- X USfld.- Frgn.-) Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 2 | Finance Assistant | 1470 | | 0510.14 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo. Da. Yr.) | 42. PSI Due (Mo. Da. Yr.) | 43. Appropriation Number |
|---|---|---|---|---|---|
| 5/2 | $ 4190.00 | SF | 7 22 57 | 9 20 59 | 9-6300-20-004 |

## SOURCE OF REQUEST

A. Requested By (Name And Title): *Ralph E. Womac*
R. E. WOMAC, Acting Chief, Finance Division

B. For Additional Information Call (Name & Telephone Ext.)

C. Request Approved By (Signature And Title): *E. Saunders*
Comptroller

## CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | | | D. Placement | | |
| B. Pos. Control | | 20 MAY 1959 | E. | | |
| C. Classification | *[signature]* | | F. Approved By | *[signature]* | 5/20/59 |

Remarks

For slotting purposes only

14-00000

# REQUEST FOR PERSONNEL ACTION

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo. Da. Yr. | 4. Vet Pref. | 5. Sex | 6. CS-LCD Mo. Da. Yr. |
|---|---|---|---|---|---|
| [illegible] | [illegible] | [illegible] | 1 | M | [illegible] |

| 7. SCD Mo. Da. Yr. | 8. CSC Retmt. | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav | 11. FEGLI | 12. LCD | 13. |
|---|---|---|---|---|---|---|
| [illegible] | [illegible] | [illegible] | | | [illegible] | |

## PREVIOUS ASSIGNMENT

(1)

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER FINANCE DIVISION COMPENSATION AND TAX ACCTS BR CONTRACT AGENTS ACCTS SECTION | 3803 | WASH., D. C. | 75913 |

| 16. Dept. - Field | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| Code 2 | FINANCE ASST | [illegible] | [illegible] | 0510.1[illegible] |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade | 25. PSI Due | 26. Appropriation Number |
|---|---|---|---|---|---|
| 05 1 | $ [illegible] | [illegible] | [illegible] | [illegible] | 8-6304-20 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date | 29. Type Of Employee | Code | 30. Separation Date |
|---|---|---|---|---|---|
| **Reassignment** | 56 | **ASAP** | **Regular** | 01 | |

## PRESENT ASSIGNMENT

(2)

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| **DDS/Office of the Comptroller Finance Division Compensation and Tax Accounts Branch Staff Employees Accounts Section** | 3803 | **Wash., DC** | |

| 33. Dept. - Field | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| Dept. XX | **Time Leave Pay Clk** | **M305.02** | | **0544.01** |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade | 42. PSI Due | 43. Appropriation Number |
|---|---|---|---|---|---|
| **5/1** | **$3670.00** | **SP** | | | **8-6304-20** |

## SOURCE OF REQUEST

A. Requested By (Name And Title): **R. E. WOMAC, Deputy Chief, Finance Division** [signature]

B. For Additional Information Call (Name & Telephone Ext.)

C. Request Approved By (Signature And Title): [signature] **Acting Comptroller**

## CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | | | D. Placement | | |
| B. Pos. Control | [initials] | 16 APR 1958 | E. | | |
| C. Classification | | | F. Approved By | [signature] | 4/[illegible]/58 |

Remarks

FORM NO. 1 MAR 57 1152 (4)

14-00000

Classify According To Content.

## REQUEST FOR PERSONNEL ACTION

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo / Da / Yr) | 4. Vet. Pref. (None-0, 5 Pt-1, 10 Pt-2) / Code | 5. Sex | 6. CS - EOD (Mo / Da / Yr) |
|---|---|---|---|---|---|
| | WILCOTT, James B., Jr. | 9 / 27 / 31 | | M | |

| 7. SCD (Mo / Da / Yr) | 8. CSC Retmt (Yes - 1, No - 2) / Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. (Mo / Da / Yr) | 11. FEGLI (Yes - 1, No - 2) / Code | 12. LCD (Mo / Da / Yr) | 13. Mil Serv Credit LCD (Yes - 1, No - 2) / Code |
|---|---|---|---|---|---|---|
| | | | | | | |

### PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS/Office of the Comptroller<br>Fiscal Division<br>Accounts Branch<br>Allotment Ledger Section | | Wash., DC | |

| 16. Dept. - Field (Dept - XX, Usfld., Fran.) / Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| | Fiscal Acct Clk | 30.01 | | 0501.04 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo / Da / Yr) | 25. PSI Due (Mo / Da / Yr) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 5/1 | $ 3670.00 | SF | | | 8-6303-20 |

### ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo / Da / Yr) | 29. Type Of Employee | Code | 30. Separation Date |
|---|---|---|---|---|---|
| Reassignment | 56 | ASAP<br>2 / 23 / 58 | Regular | 01 | |

### PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS/Office of the Comptroller<br>Finance Division<br>Compensation and Tax Accounts Branch<br>Contract Agents Accounts Section | 3805 | Wash., DC | 75013 |

| 33. Dept. - Field (Dept - XX, Usfld., Fran.) / Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| | Finance Assistant | 1521.03 | | 0510.14 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo / Da / Yr) | 42. PSI Due (Mo / Da / Yr) | 43. Appropriation Number |
|---|---|---|---|---|---|
| 5/1 | $ 3670.00 | SF | 09 / 22 / 57 | 09 / 21 / 58 | 8-6304-20 |

### SOURCE OF REQUEST

A. Requested By (Name And Title) R. E. WOMAC, Deputy Chief, Finance Division

B. For Additional Information Call (Name & Telephone Ext.)

C. Request Approved By (Signature And Title) Comptroller

### CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | | | D. Placement | | |
| B. Pos. Control | | 2/14/58 | E. | | |
| C. Classification | | | F. Approved By | | 2/17/58 |

Remarks

Subject will replace Mr. Robert U. LaRoss who is processing for an o/s assignment.

FORM 1152a 5-57

14-00000

Classify According To Content.

## REQUEST FOR PERSONNEL ACTION

VOUCHERED
12 September 1957

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo / Da / Yr | 4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 Code | 5. Sex | 6. CS - EOD Mo / Da / Yr |
|---|---|---|---|---|---|
| | WILCOTT, James B. | 9 / 27 / 31 | / | M | |

| 7. SCD Mo / Da / Yr | 8. CSC Retmt Yes-1 No-2 Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. Mo / Da / Yr | 11. FEGLI Yes-1 No-2 Code | 12. LCD Mo / Da / Yr | 13. Mil Serv Credit LCD Yes-1 No-2 Code |
|---|---|---|---|---|---|---|
| | | | | / | | |

### PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS/Office of Comptroller<br>Fiscal Division<br>Accounts Branch<br>Allotment Ledger Section | | Washington, D. C. | |

7

| 16. Dept.- Field | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| Dept.- Uxfld.- Fran.- X Code M | Fiscal Acct. Clk | 30.01 | | GS-0501.04-4 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade Mo / Da / Yr | 25. PSI Due Mo / Da / Yr | 26. Appropriation Number |
|---|---|---|---|---|---|
| -4 1 | $ 3415 | SF | | | 8-6303-20 |

### ACTION

| 27. Nature Of Action | Code | 28. Eff. Date Mo / Da / Yr | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| PROMOTION | | 29 SEP 1957 | Regular | | |

### PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS/Office of Comptroller<br>Fiscal Division<br>Accounts Branch<br>Allotment Ledger Section | | Washington, D. C. | |

7

| 33. Dept.- Field | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| Dept.- Uxfld.- Fran.- X Code M | Fiscal Acct Clk | 30.01 | | GS-0501.04-5 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade Mo / Da / Yr | 42. PSI Due Mo / Da / Yr | 43. Appropriation Number |
|---|---|---|---|---|---|
| -5 1 | $ 3670 | SF | 57 | 9 / 21 / 58 | 8-6303-20 |

### SOURCE OF REQUEST

| A. Requested By (Name And Title) | C. Request Approved By (Signature And Title) |
|---|---|
| D.W. Corrick, Chief, Fiscal Division [signature] | [signature] Comptroller |
| B. For Additional Information Call (Name & Telephone Ext.) Ruby Johnson x 4445 | |

### CLEARANCES

| Clearance | Signature | Date | Clearance | Signature | Date |
|---|---|---|---|---|---|
| A. Career Board | | | D. Placement | | |
| B. Pos. Control | [signature] | 9/19/57 | E. | | |
| C. Classification | | | F. Approved By | [signature] | 9/20/57 |

Remarks

FORM 5-57 1152a

14-00000

STANDARD FORM 52

# REQUEST FOR PERSONNEL ACTION

FC · 9 Nov. 1956

REQUESTING OFFICE: Fill in items 1 through 12 and A through D *except 6B and 7* unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.

| 1. NAME (Mr.—Miss—Mrs.—One given name, initial(s), and surname) | 2. DATE OF BIRTH | 3. REQUEST NO. | 4. DATE OF REQUEST |
|---|---|---|---|
| Mr. James B. Wilcott, Jr. 125733 | 27 Sept. 1931 | C-5481 RC-135 | 28 June 1956 |

5. NATURE OF ACTION REQUESTED:
A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)
Excepted Appointment 13

B. POSITION (Specify whether establish, change grade or title, etc.)

6. EFFECTIVE DATE
A. PROPOSED: ASAP
B. APPROVED: 4 March 1957

7. C S OR OTHER LEGAL AUTHORITY: 50 USCA 403j

| | FROM— | | TO— |
|---|---|---|---|
| 8. POSITION TITLE AND NUMBER | | | Fiscal Acct Clk M 30.01-4 |
| 9. SERVICE, GRADE, AND SALARY | | | GS-0501.04-4 $3415 pa |
| 10. ORGANIZATIONAL DESIGNATIONS | | | DDS/Office of Comptroller<br>Fiscal Division<br>Accounts Branch<br>Allotment Ledger Section |
| 11. HEADQUARTERS | | | Washington, D. C. |
| 12. FIELD OR DEPARTMENTAL | ☐ FIELD ☐ DEPARTMENTAL | | ☐ FIELD ☒ DEPARTMENTAL |

A. REMARKS (Use reverse if necessary)

This action cancels Recruitment Request submitted under date of 25 June 1956

Personnel Folder is attached

B. REQUESTED BY (Name and title)
D. W. Corrick, Chief, Fiscal Division

C. FOR ADDITIONAL INFORMATION CALL (Name and telephone extension)
Ruby Johnson x 4445

D. REQUEST APPROVED BY
Signature: R. H. Fuchs
Title: Acting Comptroller

13. VETERAN PREFERENCE

| NONE | WWII | OTHER | 5-PT. | 10 POINT DISAB | 10 POINT OTHER |
|---|---|---|---|---|---|
| | | | X | | |

14. POSITION CLASSIFICATION ACTION

| NEW | VICE | I. A. | REAL. |
|---|---|---|---|
| | | | |

SD/SF

| 15 SEX | 16 RACE | 17 APPROPRIATION | 18. SUBJECT TO C S RETIREMENT ACT (YES—NO) | 19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY) | 20 LEGAL RESIDENCE |
|---|---|---|---|---|---|
| M | W | FROM: TO 7-6303-20 | yes | 4 March 57 | ☐ CLAIMED ☐ PROVED STATE: |

21. STANDARD FORM 50 REMARKS

OFFICE/DIVISION WITHIN CEILING

BAB

Date    Position Con. Clk.

① subj. to med.
② subj to trial period
RC-135

DOG: 03/04/57

| 22. CLEARANCES | INITIAL OR SIGNATURE | DATE |
|---|---|---|
| A. | | |
| B. CEIL. OR POS. CONTROL | JT | 9 JUL |
| C. CLASSIFICATION | | |
| D. PLACEMENT OR EMPL. | EH | 7/11 |
| E. | | |

REMARKS:
CSEOD: 03/04/57
LCD: 03/04/57
SCD: 06/26/53
PSI Due: 03/09/58

F. APPROVED BY Robert E. Stricklin    Conrad J. Hardt

10—67930-8

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(When Filled In)

| REPORT OF INTERVIEW | 1. DATE OF INTERVIEW: 10 April 1956 | 2. PLACE: Syracuse, New York |
|---|---|---|
| 3. PREVIOUS APPLICATION: [ ] YES [X] NO | 4. INTERVIEWER: Neil F. Doherty | 5. REFERRED BY: -- |

| 6. TYPE OR PRINT IN CAPS | LAST NAME: WILCOTT, | FIRST NAME: JAMES | MIDDLE NAME: B. |
|---|---|---|---|

| | |
|---|---|
| 7. PERMANENT ADDRESS: 400 James Street, Syracuse, New York | TELEPHONE: none |
| 8. BUSINESS ADDRESS: -- | TELEPHONE |
| 9. TEMPORARY ADDRESS: -- | TELEPHONE |

| 10. DATE OF BIRTH: 27 Sept. 1931 | 12. CITIZENSHIP: [X] U.S. [ ] OTHER (Specify country) | |
|---|---|---|
| 11. PLACE OF BIRTH: Cleveland, Ohio | U.S. CITIZENSHIP ACQUIRED BY: [X] BIRTH [ ] NATURALIZATION | IF NATURALIZED INDICATE DATE |
| 13. [ ] SINGLE [X] MARRIED [ ] WIDOWED(ER) [ ] DIVORCED | | 14. NO. OF DEPEND. (Excluding wife) 0 |

15. FOREIGN RELATIVES, INCLUDING WIFE (Reg. 10-9)

N A

16. EDUCATION (Schools, degrees, dates, majors, thesis title, grade average or class standing, extra-curricular activities, etc.)

Poland Central High - left at end of first year (1948)
GED (Army) Equivalency diploma 1951
Feb. '53 - May '54 - Utica College of Syracuse University, Utica, N.Y. - Physics major- left when his marks were getting too low -working also.
Feb. '55 - Present - Central Business School, Syracuse, New York - Accounting course- all A's and B's except 2 C's. (Can end course in Fall or continue)

17. MAJOR EMPLOYMENT HISTORY (Employers, positions, duties, salaries, reasons for leaving)

August '52 - Dec. '52 - Esso Tower Station, Genesee St., Utica, N.Y. - Gas attendant- $45 per wk - laid off due to slow business.
Dec. '52 - Feb. '53 - Chicago Pneumatic Tool Co., Utica, N.Y. - Engine lathe operator $50 per wk. was an unskilled job with no future.
May '54 - Sept. '54 - Tobbogan Inn, Eagle Bay, N.Y. - Handyman $60 wk, plus room and board - summer job.
Sept. '54 - Dec. '54 - Century Metal Craft Cork, Syracuse, N.Y., Cookware salesman - $60 wk.-did not make out as a salesman.

18. MILITARY EXPERIENCE (Branch, serial no., stations, training duties, command responsibilities, rank held, reserve status, current proficiency and interest). INCLUDE ALSO DRAFT, ACTIVE MILITARY OR RETIRED STATUS.

Dec. '48 - August. '52 - U.S. Army
Electrician and generator operator (MOS 3166 - Cpl.
liked the work and was considered fairly good at it.

FORM NO. 182 REPLACES FORM 37-1, WHICH MAY BE USED.
1 SEP 54

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(4-11)

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19. AREA KNOWLEDGE (Areas, type of knowledge, how acquired, etc.)

Okinawa July '49 - March '51

20. LANGUAGE FACILITY (Give tests when skill warrants and rate below)

| LANGUAGE | NATIVE FLUENCY | FLUENT BUT FOREIGN | ADEQUATE FOR TRANSLATOR | ADEQUATE FOR RESEARCH | ADEQUATE FOR TRAVEL | LIMITED | ACQUIRED BY |
|---|---|---|---|---|---|---|---|
| N A | | | | | | | |
| | | | | | | | |
| | | | | | | | |

21. SALARY REQUESTED $3200

22. POOL INTEREST [ ] YES [ ] NO

23. ACCEPTABLE STATION
WASHINGTON, D.C. [X] YES [ ] NO
ANYWHERE IN U.S. [X] YES [ ] NO
OVERSEAS [X] YES [ ] NO

PREFERENCE LIMITATIONS
Prefers O/S and the sooner the better- anywhere.

24. HEALTH
Good

25. FORMS GIVEN [X] PHS [X] APP. I [X] MED. [ ] SEC. AGREE. [X] L/A (If required)

26. EVALUATION AND RECOMMENDATION (Appearance, manners, personality, maturity, motivation, flexibility, intelligence, emotional stability, qualifications for intelligence work, career planning, over-all impression, pertinent unfavorable factors)

The first thing of note is the scattered work and educational history of this fellow. On paper the case is all against him but in talking to him I conclude that it is the case of a guy who failed to get the proper job and school guidance when it would have been most effective (immediately after discharge ). The guy has intelligence (LA/5 61-81) but perhaps not the final grasp of things to make a go of a technical degree in College. He probably would have done O.K. with the Liberal Arts course. At any rate he has decided on accounting as a career (finds he likes it and can do it well). He's had a tough life to say the least (how much bearing this has had on his career I'm not trained to evaluate.) My final impression is that he's neat, clean cut, sincere, reliable, capable if given the proper supervision. Types about 40 wpm and is learning shorthand from his wife (who's applying as steno). I think he'd do a competent job and perhaps with experience and training do a very good one. Wants O/S at earliest opportunity for financial reasons.

27. RECOMMENDED FOR
~~GS 4 Admin/ Accounting~~

28. SERIAL NUMBERS

29. TESTS LA/5 61-81

30.
Neil F. Doherty — SIGNATURE OF INTERVIEWER
May 13, 1956 — DATE

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SECRET
(When Filled In)

# BIOGRAPHIC PROFILE (PART I)

SCD: 26 Jun 1953

| Field | Entry |
|---|---|
| 1. Pers. Serial No. | [illegible] |
| 2. Name (Last-First-Middle) | WILCOTT, James Bernard, Jr. |
| 3. Sex | M |
| 4. Date of Birth | Sep 1931 |
| 5. Longevity Comp. Date | 4 Mar 1957 |
| 6. Marital Status | Married |
| 7. Dependent(s) (Exclud. employee) No. | 2 |
| Year(s) of Birth | 1934, 1959 |
| 8. US Naturalization Date(s) | NA; Spouse: NA |
| 9. Career Staff Status | |
| Membership | |
| Other Status | |
| 10. Last Med. Rpt. | Mar 1960 |
| Qual. For | PCS O/S |
| Eval. For | O/S PCS |
| 11. Current Reserve Status | None: X |
| Service | |
| Grade | |
| Active Duty with CIA Cat.-1 | |
| Release to Mil. Ser. Cat.-2 | |
| To Be Deferred Cat.-3 | |
| Retired | |
| 12. Assessment Date | None |
| 13. Professional Test Date | None |
| 14. Language Aptitude Test Date | Jan 1960 |

**15. Non-CIA Employment**

1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator
1952 Esso Tower Station, Utica, NY - Attendant
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator
Various Summer & Part-time positions while attending college

**16. Non-CIA Education**

1953-54 Utica College, Utica, NY - Physics
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin&Acctg
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg&Investment

**17. Foreign Language Abilities (Language, Proficiency, Date Tested)**

German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958

**18. Agency Sponsored Training**

1957 Clerical Induct
1957 Clerical Orient
1960 Intel Orient
1960 Ops Spt
1960 Intro to Communism

**19. CIA Employment History Since 18 Sept 1947 (Personnel Actions, Military Orders, and Principal Details)**

| Effective Date | Position Title & Occupational Code | | Grade | SC | Organization & Organ Title (If any) | Location |
|---|---|---|---|---|---|---|
| Mar 1957 | Fisc Acct Clerk | 0501.04 | 4 | SF | Compt/Fiscal Div/Accts Br | Hq |
| Sep 1957 | " " | 0501.04 | 5 | SF | " " " | " |
| Feb 1958 | Finance Asst | 0510.14 | 5 | SF | Compt/Fin Div/Comp&Tax Accts Br | " |
| Mar 1958 | Time,Lv,Pay Clerk | 0544.01 | 5 | SF | " " " " " " | " |
| Mar 1959 | Finance Asst | 0510.14 | 5 | SF | " " " " " " | " |
| Oct 1959 | Fisc Acct Clerk | 0501.04 | 5 | SF | Compt/Finance Div/Accts Br | " |
| May 1960 | Fisc Acct Asst | 0501.03 | 5 | SF | DDP/FE/Jap-TokyoSta/Spt Stf | Tokyo |
| Nov 1961 | " " " | 0501.03 | 6 | SF | " " " " " " | " |
| Sep 1963 | " " " | 0501.03 | 7 | SF | " " " " " " | " |
| Oct 1964 | Finance Asst | 0510.16 | 7 | SF | DDS/Finance/CF Div/Comp&TaxAccts | Hq |

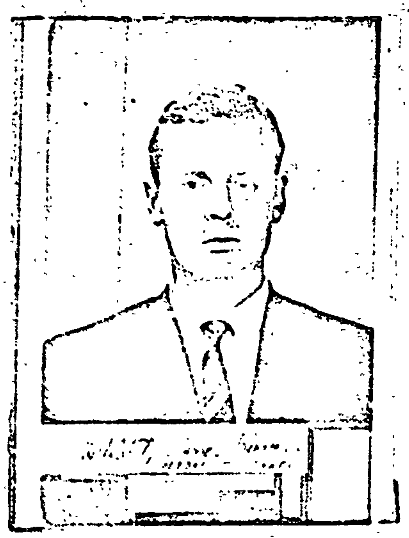
| 20. Date Reviewed | 21. Profile Reviewed By | 22. Items 1-19 Reviewed & Verified by Employee |
|---|---|---|
| 23 Nov 1964 | mrd | No |

SECRET
(When Filled In)

| PERS. SERIAL NO. | BIOGRAPHIC PROFILE (PART 2) |
|---|---|
| 25798 | |

| NAME (Last-First-Middle) | DATE OF BIRTH |
|---|---|
| WILCOTT, James Bernard, Jr. | Sep 1931 |

23.



24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

26. ADDITIONAL INFORMATION

| 27. DATE REVIEWED | 28. PROFILE REVIEWED BY |
|---|---|
| 23 Nov 1964 | mrd |

FORM NO. 1 FEB 57 1200 (PART 2) REPLACES FORM 1080 (PART 2) WHICH IS OBSOLETE. SECRET jlk PROFILE (4)

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025798

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| Wilcott, James B. Jr | 27 Sep 31 | M | GS-07 | SF |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Fiscal Acct Asst | DDP/FE/JKO | Tokyo |

9. CHECK (X) TYPE OF APPOINTMENT
- X CAREER
- RESERVE
- TEMPORARY
- CAREER-PROVISIONAL (See instructions - Section C)
- SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT
- INITIAL
- X ANNUAL
- SPECIAL (Specify):
- REASSIGNMENT SUPERVISOR
- REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P.: 31 Aug 64

12. REPORTING PERIOD (From- to-): 1 July 1963 - 30 June 1964

## SECTION B — PERFORMANCE EVALUATION

| | |
|---|---|
| W - Weak | Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. |
| A - Adequate | Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence. |
| P - Proficient | Performance is more than satisfactory. Desired results are being produced in a proficient manner. |
| S - Strong | Performance is characterized by exceptional proficiency. |
| O - Outstanding | Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition. |

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC). | P |
| SPECIFIC DUTY NO. 2: Consolidates all Station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3: Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | P |
| SPECIFIC DUTY NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | P |
| SPECIFIC DUTY NO. 5: Maintains statistical records on private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6: Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer. | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

| | Rating Letter |
|---|---|
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | P |

15 JUL 1964

FORM 45 OBSOLETE PREVIOUS EDITIONS.

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

| SECTION C | NARRATIVE COMMENTS |
|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has performed his duties in a competent manner. He handles huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

| SECTION D | CERTIFICATION AND COMMENTS |
|---|---|
| 1. | BY EMPLOYEE |
| | I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT |
| DATE: 9 Jun 64 | SIGNATURE OF EMPLOYEE: /s/ James Wilcott |

| 2. | BY SUPERVISOR | |
|---|---|---|
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 23 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: | |
| DATE: 9 Jun 64 | OFFICIAL TITLE OF SUPERVISOR: Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE: /s/ Frank Wells |

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 7 Jun 64 | Finance Officer | /s/ Jack Randall |

14-00000

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SECRET
(When Filled In)

FJTT 10,374, 31 May 63

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025798

**SECTION A — GENERAL**

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| WILCOTT, JAMES B. JR. | 27 Sept 31 | M | GS-6 | SF |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| FISCAL ACCT ASST | DDP/FE/JKO | Tokyo |

9. CHECK (X) TYPE OF APPOINTMENT: CAREER / RESERVE / TEMPORARY / CAREER-PROVISIONAL (See instructions - Section C) / SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL / REASSIGNMENT SUPERVISOR / X ANNUAL / REASSIGNMENT EMPLOYEE / SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 1 Jul 62 - 30 Jun 63

**SECTION B — PERFORMANCE EVALUATION**

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

**SPECIFIC DUTIES**

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC). | P |
| SPECIFIC DUTY NO. 2: Consolidates all Station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3: Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | P |
| SPECIFIC DUTY NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | P |
| SPECIFIC DUTY NO. 5: Maintains statistical records on all private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6: Performs other related duties as assigned by the Finance Officer. | P |

**OVERALL PERFORMANCE IN CURRENT POSITION**

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. — Rating Letter: P

20 JUN 1963

CONFIDENTIAL

FORM 4-62 45 OBSOLETE PREVIOUS EDITIONS. SECRET

GROUP 1 Excluded from automatic downgrading and declassification

SECRET
(When Filled In)
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| SECTION C | NARRATIVE COMMENTS |
|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OCT 17 3 38 PM '63
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

| SECTION D | CERTIFICATION AND COMMENTS | |
|---|---|---|
| 1. | BY EMPLOYEE | |
| | I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | |
| DATE<br>21 May 1963 | SIGNATURE OF EMPLOYEE<br>/S/ James B. Wilcott | |
| 2. | BY SUPERVISOR | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>33 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE<br>21 May 1963 | OFFICIAL TITLE OF SUPERVISOR<br>Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE<br>/S/ Clerence Norment III |
| 3. | BY REVIEWING OFFICIAL | |
| COMMENTS OF REVIEWING OFFICIAL<br>Concur in the evaluation. | | |
| DATE<br>21 May 1963 | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Adm Officer | TYPED OR PRINTED NAME AND SIGNATURE<br>/S/ Douglas S. Trabue |

SECRET

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SECRET

BIOGRAPHIC PROFILE (PART I) EOD: 26 Jun 1953

| 1. Pers. Serial No. | | | |
|---|---|---|---|
| 25268 | | | |
| 2. Name (Last-First-Middle) | 3. Sex | 4. Date of Birth | 5. Continuity Comp. Date |
| WILCOTT, James Bernard, Jr. | M | Sep 1931 | 4 Mar 1957 |

| 6. Marital Status | 7. Dependents (Exclude. employee) | No. | Year(s) of Birth | 8. US Naturalization Date(s) |
|---|---|---|---|---|
| Married | | 2 | 1954, 1959 | NA / Spouse NA |

| 9. Career Staff Status | Membership | Other Status | 10. Last Med. Report | Qual. for | Eval. for |
|---|---|---|---|---|---|
| | | | Mar 1960 | PCS O/S | O/S PCS |

| 11. Current Reserve Status | None | Service | Grade | Active Duty with CIA Cat.-1 | Release to Mil. Ser. Cat.-2 | To be Deferred Cat.-3 | Retired |
|---|---|---|---|---|---|---|---|

| 12. Assessment Date | 13. Professional Test Date | 14. Language Aptitude Test Date |
|---|---|---|
| None | None | Jan 1960 |

**15. Non-CIA Employment**

1948-52 Military Service, US Army - Cpl, Electrician & Generator Operator
1952 Esso Tower Station, Utica, NY - Attendant
1952-53 Chicago Pneumatic Tool Co, Utica, NY - Engine Lathe Operator
Various Summer & Part-time positions while attending college

**16. Non-CIA Education**

1953-54 Utica College, Utica, NY - Physics
1955-57 Central City Business Institute, Syracuse, NY - Ctf, Exec Business Admin&Acctg
1957-59 USDA Graduate School, DC - Federal Govt Acctg; Mathematics of Acctg&Investment

**17. Foreign Language Abilities (Language, Proficiency, Date Tested)**

German - R,P,S,U, Slight(Nov 1959); W, Elem; T, None - Mar 1958

**18. Agency Sponsored Training**

1957 Clerical Induct
1957 Clerical Orient
1960 Intel Orient
1960 Ops Spt
1960 Intro to Communism

**19. CIA Employment History Since 18 Sept 1947 (Personnel Actions, Military Orders, and Principal Details)**

| Effective Date | Position Title & Occupational Code | | Grade | SD | Organization & Organ. Title (If any) | Location |
|---|---|---|---|---|---|---|
| Mar 1957 | Fisc Acct Clerk | 0501.04 | 4 | SF | Compt/Fiscal Div/Accts Br | Hq |
| Sep 1957 | " " | 0501.04 | 5 | SF | " " " | " |
| Feb 1958 | Finance Asst | 0510.14 | 5 | SF | Compt/Fin Div/Comp&Tax Accts Br | " |
| Mar 1958 | Time,Lv,Pay Clerk | 0544.01 | 5 | SF | " " " " " " | " |
| Mar 1959 | Finance Asst | 0510.14 | 5 | SF | " " " " " " | " |
| Oct 1959 | Fisc Acct Clerk | 0501.04 | 5 | SF | Compt/Finance Div/Accts Br | " |
| May 1960 | Fisc Acct Asst | 0501.03 | 5 | SF | DDP/FE/Jap-TokyoSta/Spt Stf | Tokyo |
| Nov 1961 | " " " | 0501.03 | 6 | SF | " " " " " " | " |
| Sep 1963 | " " " | 0501.03 | 7 | SF | " " " " " " | " |
| Oct 1964 | Finance Asst | 0510.16 | 7 | SF | DDS/Finance/OF Div/Comp&TaxAccts | Hq |

| 20. Date Reviewed | 21. Profile Reviewed by | 22. Items 1-18 Reviewed & Verified by Employee |
|---|---|---|
| 23 Nov 1964 | mmd | No |

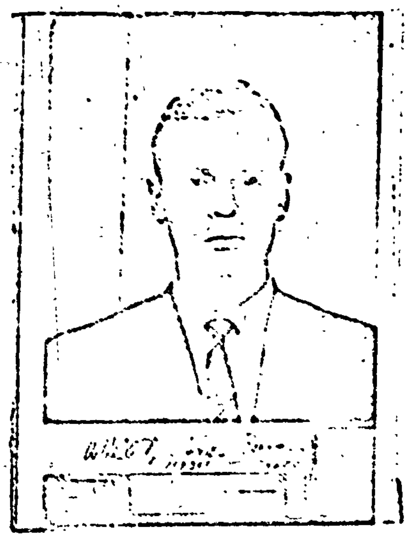
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| PERS. SERIAL NO. | BIOGRAPHIC PROFILE (PART 2) |
|---|---|
| 25798 | |

| NAME (Last-First-Middle) | DATE OF BIRTH |
|---|---|
| WILCOTT, James Barnard, Jr. | Sep 1931 |

23.



24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE

25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL

26. ADDITIONAL INFORMATION

| 27. DATE REVIEWED | 28. PROFILE REVIEWED BY |
|---|---|
| 23 Nov 1964 | mrd |

FORM NO. 1200 (PART 2) REPLACES FORM 1050 (PART 2) WHICH IS OBSOLETE.
1 FEB 57

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# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025798

## SECTION A — GENERAL

| | | | | |
|---|---|---|---|---|
| 1. NAME (Last) (First) (Middle): Wilcott, James B., Jr. | 2. DATE OF BIRTH: 27 Sep 31 | 3. SEX: M | 4. GRADE: GS-07 | 5. SD: SF |
| 6. OFFICIAL POSITION TITLE: Fiscal Acct Asst | 7. OFF/DIV/BR OF ASSIGNMENT: DDP/WH/C | | 8. CURRENT STATION: JMWAVE | |

9. CHECK (X) TYPE OF APPOINTMENT

| | | | | | |
|---|---|---|---|---|---|
| | CAREER | | RESERVE | | TEMPORARY |
| | CAREER-PROVISIONAL (See instructions - Section C) | | | | |
| | SPECIAL (Specify): | | | | |

10. CHECK (X) TYPE OF REPORT

| | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT SUPERVISOR |
| | ANNUAL | | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): Resignation | | |

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 26 Apr 65 - 15 Apr 66

## SECTION B — PERFORMANCE EVALUATION

- **W - Weak** — Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- **A - Adequate** — Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- **P - Proficient** — Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- **S - Strong** — Performance is characterized by exceptional proficiency.
- **O - Outstanding** — Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling | A |
| SPECIFIC DUTY NO. 2: Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel | W |
| SPECIFIC DUTY NO. 3: Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies | A |
| SPECIFIC DUTY NO. 4: Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents | A |
| SPECIFIC DUTY NO. 5: | |
| SPECIFIC DUTY NO. 6: | |

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: A

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| SECTION C | NARRATIVE COMMENTS |
|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

OFFICE OF PERSONNEL
JUL 15 10 37 AM '66

During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient ~~in this~~ duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.

| SECTION D | CERTIFICATION AND COMMENTS |
|---|---|

**1. BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| | |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
|---|---|---|
| 12 months | Subject departed the Station without seeing this Report. | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 17 Jun 1966 | Chief, Finance Branch | /s/ H. Robert Graham |

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 6 July 1966 | Deputy Chief for Support | /s/ William A. Jewett |

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# FITNESS REPORT

| | |
|---|---|
| EMPLOYEE SERIAL NUMBER | 025793 |

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| WILCOTT, James B, Jr. | 27 Sep 1931 | M | GS-07 | SP |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Finance Assistant | Fin/CFD/C-TAB | Wash., D. C. |

9. CHECK (X) TYPE OF APPOINTMENT: X CAREER; RESERVE; TEMPORARY; CAREER-PROVISIONAL (See instructions - Section C); SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL; ANNUAL; SPECIAL (Specify):; REASSIGNMENT SUPERVISOR; X REASSIGNMENT EMPLOYEE

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| ASAP | 11 Oct. 1964 - 25 April 1965 |

## SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: Analyzing Payroll Accounts | P |
| SPECIFIC DUTY NO. 2: Reconciling Tax and Retirement Accounts | P |
| SPECIFIC DUTY NO. 3: Computing Staff and Career Agents' Pay and Allowances | P |
| SPECIFIC DUTY NO. 4: Conducting Liaison with our Division regarding Payroll matters. | P |
| SPECIFIC DUTY NO. 5: Preparing Correspondence | A |
| SPECIFIC DUTY NO. 6: Maintaining Leave records and Agents' Pay Files | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

5 MAY 1965

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(When Filled In)

| SECTION C | NARRATIVE COMMENTS |
|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

| SECTION D | CERTIFICATION AND COMMENTS | |
|---|---|---|
| 1. | BY EMPLOYEE | |
| | I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | |
| DATE<br>30 April 1965 | SIGNATURE OF EMPLOYEE | |
| 2. | BY SUPERVISOR | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>6 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION<br>Employee had departed for PCS prior to this date. | |
| DATE<br>30 April 1965 | OFFICIAL TITLE OF SUPERVISOR<br>Chief, Staff Agents Accts. Sec. | TYPED OR PRINTED NAME AND SIGNATURE<br>JOSEPH H. HUBSCH |
| 3. | BY REVIEWING OFFICIAL | |
| COMMENTS OF REVIEWING OFFICIAL<br><br>I concur. | | |
| DATE<br>30 April 1965 | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Chief, Compensation and Tax Div. | TYPED OR PRINTED NAME AND SIGNATURE<br>Murray F. Strickland |

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# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025793

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| Wilcott, James B. Jr | 27 Sep 31 | M | GS-07 | SP |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Fiscal Acct Asst | DDP/FE/JKO | Tokyo |

9. CHECK (X) TYPE OF APPOINTMENT: X CAREER | RESERVE | TEMPORARY | CAREER-PROVISIONAL (See instructions - Section C) | SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL | X ANNUAL | REASSIGNMENT SUPERVISOR | REASSIGNMENT EMPLOYEE | SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.: 31 Aug 64

12. REPORTING PERIOD (From- to-): 1 July 1963 - 30 June 1964

## SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC). | P |
| SPECIFIC DUTY NO. 2: Consolidates all Station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3: Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | P |
| SPECIFIC DUTY NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | P |
| SPECIFIC DUTY NO. 5: Maintains statistical records on private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6: Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer. | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | RATING LETTER: [illegible]

15 JUL 1964

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## SECTION C — NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject has performed his duties in a competent manner. Handling huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

## SECTION D — CERTIFICATION AND COMMENTS

**1. BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 9 Jun 64 | /s/ James Wilcott |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
|---|---|---|
| 23 | | |
| **DATE** | **OFFICIAL TITLE OF SUPERVISOR** | **TYPED OR PRINTED NAME AND SIGNATURE** |
| 9 Jun 64 | Finance Officer | /s/ Frank Wells |

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for finance training upon his return to Headquarters in July 1964.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 9 Jun 64 | Finance Officer | /s/ Jack Randall |

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FJTT 10,374, 31 May 63

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# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025793

## SECTION A — GENERAL

1. NAME (Last) (First) (Middle): WILCOTT, JAMES B. JR.
2. DATE OF BIRTH: 27 Sept 31
3. SEX: M
4. GRADE: GS-6
5. SD: SF
6. OFFICIAL POSITION TITLE: FISCAL ACCT ASST
7. OFF/DIV/BR OF ASSIGNMENT: DDP/FE/JKO
8. CURRENT STATION: Tokyo
9. CHECK (X) TYPE OF APPOINTMENT: CAREER / RESERVE / TEMPORARY / CAREER-PROVISIONAL (See Instructions - Section C) / SPECIAL (Specify):
10. CHECK (X) TYPE OF REPORT: INITIAL / REASSIGNMENT SUPERVISOR / X ANNUAL / REASSIGNMENT EMPLOYEE / SPECIAL (Specify):
11. DATE REPORT DUE IN O.P.:
12. REPORTING PERIOD (From- to-): 1 Jul 62 - 30 Jun 63

## SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC). | P |
| SPECIFIC DUTY NO. 2: Consolidates all Station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3: Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | P |
| SPECIFIC DUTY NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | P |
| SPECIFIC DUTY NO. 5: Maintains statistical records on all private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6: Performs other related duties as assigned by the Finance Officer. | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

20 JUN 1963

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| SECTION C | NARRATIVE COMMENTS |
|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign-language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OCT 17 3 38 PM '63
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

| SECTION D | CERTIFICATION AND COMMENTS | |
|---|---|---|
| 1. | BY EMPLOYEE | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE<br>21 May 1963 | SIGNATURE OF EMPLOYEE<br>/S/ James B. Wilcott | |
| 2. | BY SUPERVISOR | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>33 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE<br>21 May 1963 | OFFICIAL TITLE OF SUPERVISOR<br>Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE<br>/S/ Clarence Norment III |
| 3. | BY REVIEWING OFFICIAL | |
| COMMENTS OF REVIEWING OFFICIAL<br>Concur in the evaluation. | | |
| DATE<br>21 May 1963 | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Adm Officer | TYPED OR PRINTED NAME AND SIGNATURE<br>/S/ Douglas S. Trabue |

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or Career Service Board

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 035778

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| WILCOTT, James B. | 27 Sept 31 | M | GS-6 | SF |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Fiscal Acct Asst. | FE/Tokyo | Tokyo |

9. CHECK (X) TYPE OF APPOINTMENT: CAREER / RESERVE / TEMPORARY / CAREER-PROVISIONAL (See instructions - Section C) / SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL / REASSIGNMENT SUPERVISOR / X ANNUAL / REASSIGNMENT EMPLOYEE / SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 1 Apr 61 - 30 June 62

## SECTION B — PERFORMANCE EVALUATION

- **W - Weak** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- **A - Adequate** Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.
- **P - Proficient** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- **S - Strong** Performance is characterized by exceptional proficiency.
- **O - Outstanding** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: Station cashier responsible for the day to day receipt and disbursement of cash. | P |
| SPECIFIC DUTY NO. 2: Consolidates all station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3: Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | S |
| SPECIFIC DUTY NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | S |
| SPECIFIC DUTY NO. 5: Maintains statistical records on all private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6: Performs other related duties as assigned by the Finance Officer. | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

| | Rating Letter |
|---|---|
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | P |

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| SECTION C | NARRATIVE COMMENTS |
|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

| SECTION D | CERTIFICATION AND COMMENTS | |
|---|---|---|
| 1. | BY EMPLOYEE | |
| I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | | |
| DATE<br>19 July 1962 | SIGNATURE OF EMPLOYEE<br>James B. Wilcott /s/ | |
| 2. | BY SUPERVISOR | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>25 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE<br>17 July 1962 | OFFICIAL TITLE OF SUPERVISOR<br>Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE<br>Elwood Martin |
| 3. | BY REVIEWING OFFICIAL | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| DATE<br>17 July 1962 | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE<br>Clarence F. Norment |

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(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 525748

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| WILCOTT, James B | 27 Sept 1931 | M | GS-05 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| SF | Fiscal Acct. Asst. | Tokyo Station |

8. CAREER STAFF STATUS

| | | |
|---|---|---|
| NOT ELIGIBLE | MEMBER | DEFERRED |
| PENDING | DECLINED | DENIED |

9. TYPE OF REPORT

| | |
|---|---|
| INITIAL | REASSIGNMENT/SUPERVISOR |
| X ANNUAL | REASSIGNMENT/EMPLOYEE |

SPECIAL (Specify):

10. DATE REPORT DUE IN O.P.: 31 May 1961

11. REPORTING PERIOD: From 27 May 60 To 31 Mar 61

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

| SPECIFIC DUTY | RATING NO. | SPECIFIC DUTY | RATING NO. |
|---|---|---|---|
| NO. 1: Station cashier responsible for the day to day receipt and disbursement of cash. | 4 | NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | 4 |
| NO. 2: Consolidates all station cash transactions to one voucher and verifies balance daily. | 4 | NO. 5: Maintains statistical records on all private rentals by individual house and cost center. | 4 |
| NO. 3: Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | 5 | NO. 6: Performs other related duties as assigned by the Finance Officer. | 4 |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 4

## SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

| CHARACTERISTICS | NOT APPLICABLE | NOT OBSERVED | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| GETS THINGS DONE | | | | | | X | |
| RESOURCEFUL | | | | | | X | |
| ACCEPTS RESPONSIBILITIES | | | | | X | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | X | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | X | | | | | | |
| WRITES EFFECTIVELY | X | | | | | | |
| SECURITY CONSCIOUS | | | | | X | | |
| THINKS CLEARLY | | | | | | X | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | X | |
| OTHER (Specify): | | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

## SECTION E — NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for [illegible] no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

MAIL RUSH

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

## SECTION F — CERTIFICATION AND COMMENTS

**1. BY EMPLOYEE**

*I certify that I have seen Sections A, B, C, D and E of this Report.*

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 3 May 1961 | James B. Wilcott (Signed) |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 8 | |

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

- [ ] EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS
- [ ] REPORT MADE WITHIN LAST 90 DAYS
- [ ] OTHER (Specify):

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 3 May 1961 | | Elwood Martin |

**3. BY REVIEWING OFFICIAL**

- [X] I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- [ ] I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 3 May 1961 | | Clarence Torment |

SECRET

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

| | EMPLOYEE SERIAL NUMBER |
|---|---|

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| Wilcott, James B. Jr. | 27 September 1931 | M | [illegible] |
| 5. SERVICE DESIGNATION: SP | 6. OFFICIAL POSITION TITLE: Fiscal Accountant Clerk | 7. OFF/DIV/BR OF ASSIGNMENT: Compt/Finance/Accts | |

8. CAREER STAFF STATUS: X NOT ELIGIBLE / MEMBER / DEFERRED / PENDING / DECLINED / DENIED

9. TYPE OF REPORT: INITIAL / REASSIGNMENT/SUPERVISOR / X ANNUAL / REASSIGNMENT/EMPLOYEE

10. DATE REPORT DUE IN O.P.: 30 April 1960

11. REPORTING PERIOD From 1 MAR 59 To 31 MAR 60

SPECIAL (Specify):

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

| SPECIFIC DUTY | RATING NO. | SPECIFIC DUTY | RATING NO. |
|---|---|---|---|
| SPECIFIC DUTY NO. 1 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine | | SPECIFIC DUTY NO. 1 (continued) Records Division | 4 |
| SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts. | 4 | SPECIFIC DUTY NO. 5 | |
| SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division. | 4 | SPECIFIC DUTY NO. 6 | |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 4

## SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

| CHARACTERISTICS | NOT APPLICABLE | NOT OBSERVED | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| GETS THINGS DONE | | | | | | | |
| RESOURCEFUL | | | | | X | | |
| ACCEPTS RESPONSIBILITIES | | | | | X | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | X | | | | | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | X | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X | | |
| WRITES EFFECTIVELY | X | | | | | | |
| SECURITY CONSCIOUS | | | | | | X | |
| THINKS CLEARLY | | | | | | X | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | X | | | | | | |
| OTHER (Specify): | | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

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SECRET

14-00000

SECRET

(When Filled In)

## SECTION E — NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full potential. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and [illegible] ratings and fair comparisons between [illegible] and his fellow workers [illegible] responsibility. [illegible] reflects an entirely satisf[illegible]

## SECTION F — CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 18 April 1960 | [signature] |

2. BY SUPERVISOR

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 12 Months | |

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

| | EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | | REPORT MADE WITHIN LAST 90 DAYS |
|---|---|---|---|
| | OTHER (Specify): | | |

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 18 April 1960 | C/Voucher Review Unit | [signature] Louise H. Simpson |

3. BY REVIEWING OFFICIAL

| | |
|---|---|
| | I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. |
| | I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. |

COMMENTS OF REVIEWING OFFICIAL

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 4/19/60 | DC/Accounts Branch | [signature] [illegible] |

SECRET

REVIEWED BY:

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 125798

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| Wilcott, Jr. James B. | 27 Sept. 1931 | M | GS-5 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| SP | Time Leave Pay Clerk | Compt/ Finance Division |

| 8. CAREER STAFF STATUS | | | | | |
|---|---|---|---|---|---|
| X | NOT ELIGIBLE | | MEMBER | | DEFERRED |
| | PENDING | | DECLINED | | DENIED |

| 9. TYPE OF REPORT | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT/SUPERVISOR |
| X | ANNUAL | | REASSIGNMENT/EMPLOYEE |

| 10. DATE REPORT DUE IN O.P. | 11. REPORTING PERIOD (From) (To) | SPECIAL (Specify) |
|---|---|---|
| 30 April 1959 | 1 Apr 58 - 31 Mar 59 | |

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (*indicate number of employees supervised*).

| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding |
|---|---|---|---|---|---|---|

| SPECIFIC DUTY | RATING NO. | SPECIFIC DUTY | RATING NO. |
|---|---|---|---|
| NO. 1: Fundamental of Payroll | 3 | NO. 4: Conducting liaison with Area divisions on payroll problems | 3 |
| NO. 2: Preparation of all payroll documents considering base and premium pay and allowances | 3 | NO. 5: Application of Agency pay regulations | 4 |
| NO. 3: Maintaining of leave records | 3 | NO. 6: Processing of checks | 4 |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 3

## SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree |
|---|---|---|---|---|

| CHARACTERISTICS | NOT APPLICABLE | NOT OBSERVED | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| GETS THINGS DONE | | | | | X | | |
| RESOURCEFUL | | | | | X | | |
| ACCEPTS RESPONSIBILITIES | | | | | X | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | X | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X | | |
| WRITES EFFECTIVELY | | | | | X | | |
| SECURITY CONSCIOUS | | | | | X | | |
| THINKS CLEARLY | | | | | X | | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | X | | |
| OTHER (Specify): | | | | | | | |

SEE SECTION "E" ON REVERSE SIDE.

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SECRET

| SECTION E | NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE |
|---|---|

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Mr. Wilcott is a genial and cooperative person. He is well liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does require strong supervision.

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

| SECTION F | CERTIFICATION AND COMMENTS | |
|---|---|---|
| 1. | BY EMPLOYEE | |
| | I certify that I have seen Sections A, B, C, D and E of this Report. | |
| DATE<br>March 10, 1959 | SIGNATURE OF EMPLOYEE<br>James B. Wilcott Jr. [signature] | |
| 2. | BY SUPERVISOR | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>6 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION<br>[illegible] | |
| | IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON. | |
| | EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | REPORT MADE WITHIN LAST 90 DAYS |
| | OTHER (Specify): | |
| DATE<br>March 10, 1959 | OFFICIAL TITLE OF SUPERVISOR<br>Time, Leave, Pay Supv. | TYPED OR PRINTED NAME AND SIGNATURE<br>Ann C. Robbins [signature] |
| 3. | BY REVIEWING OFFICIAL | |
| X | I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. | |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. | |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. | |
| | I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| DATE<br>March 10, 1959 | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>A/[illegible], Staff Employees Accts. Sect. | TYPED OR PRINTED NAME AND SIGNATURE<br>Addie S. Lewis [signature] |

(When Filled In)

# FITNESS REPORT (Part I) PERFORMANCE

**INSTRUCTIONS**

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8. of Section "A" below.

**SECTION A. GENERAL**

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
|---|---|---|---|
| Wilcott, James B. | 27 Sept. 1921 | M | SP |

| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE |
|---|---|
| Comptroller - Fiscal Division | [illegible] Clerk |

| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
|---|---|---|
| GS-5 | 4 December 1957 | 4 March 1957 - 4 December 1957 |

10. TYPE OF REPORT (Check one): [ ] INITIAL [X] ANNUAL [ ] REASSIGNMENT-SUPERVISOR [ ] REASSIGNMENT-EMPLOYEE [ ] SPECIAL (Specify)

**SECTION B. CERTIFICATION**

1. FOR THE RATER: THIS REPORT [ ] HAS [ ] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

| | | | |
|---|---|---|---|
| | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | | IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): |
| X | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | | |

| B. THIS DATE | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE |
|---|---|---|
| 5 Dec. 1957 | Ben H. Morton /s/ Ben H. Morton | Deputy Chief, Accounting Br. |

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

| | BY | DATE |
|---|---|---|
| Posted Pos. Control | [illegible] | [illegible] |
| Reviewed by P... | [illegible] | 12/4/57 |

[ ] CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|---|---|---|
| 5 Dec. 1957 | R. W. [illegible] /s/ [illegible] | Chief, Accounting Branch |

**SECTION C. JOB PERFORMANCE EVALUATION**

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

INSERT RATING NUMBER: 4

1 - DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT.
2 - BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5 - A FINE PERFORMANCE. CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS: Mr. Wilcott is very industrious and accepts his assignments without hesitat[illegible]

14-00000

(When Filled In)

**2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES**

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.
c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
f. Be specific. Examples of the kind of duties that might be rated are:

| | | |
|---|---|---|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | ~~WRITES REGULATIONS~~ | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

**DESCRIPTIVE RATING NUMBER**

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY
3 - PERFORMS THIS DUTY ACCEPTABLY
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB
6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY

| Specific duty | Rating number | Specific duty | Rating number |
|---|---|---|---|
| SPECIFIC DUTY NO. 1 Records obligating instruments, supplements and adjustments relating to allotment accounting. | 4 | SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year. | 4 |
| SPECIFIC DUTY NO. 2 Prepares current analysis of allotment ledger accounts of unliquidated obligations. | 4 | SPECIFIC DUTY NO. 5 Records liquidations [illegible] cancellations of obligations to individual allotment accounts. | 4 |
| SPECIFIC DUTY NO. 3 Checks and reconciles [illegible] runs of expenditures with those in the allotment ledger accounting records. | 4 | SPECIFIC DUTY NO. 6 Prepares summaries required for reconciliations and duplicate allotment records (copies) for [illegible] to the various allotees. | 4 |

**3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better aquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

**SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION**

DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

RATING NUMBER: 4

1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☐ NO. IF YES, EXPLAIN FULLY:

He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the [illegible]. It is believed that he could [illegible] adapt himself to other duties in the fi[illegible] accounting.

SECRET

| NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP | | | DATE: 19 April 1965 |
|---|---|---|---|
| TO: (Check) | X | CHIEF, PERSONNEL OPERATIONS DIVISION | ESTABLISHED FOR |
| | X | CHIEF, OPERATING COMPONENT (For action) WH | WILCOTT, James B., Jr. |
| ATTN: Mr. Mullane | | | FILE NO.: K-9524 |
| REF: Continuation of backstopping cover | | | ID CARD NO.: Returned |
| MILITARY COVER BACKSTOP ESTABLISHED: US Army Element, Composite Operations Group | | | EMPLOYEE NO. |

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

[X] Block Records: (OPMEMO 20-800-1)

a. Temporarily for ______ days, effective ______.

b. Continuing, effective EOD.

[X] Submit Form 642 to change limitation category. (HHB 20-7)

[X] Ascertain that Army W-2 being issued. (HB 20-661-1)

[X] Submit Form 1322 for any change affecting this cover. (R 240-250)

[X] Submit Form 1323 for transferring cover responsibility. (R 240-250)

[X] Remarks: Subject is going on PCS out of D.C. area.

[NA] Cover History

James H. Franklin

XX CD/al CHIEF, MILITARY COVER, CCG

DISTRIBUTION: Copy 1-POD. Copy 2-Operating Component. Copy 3-OS D/OS. Copy 4-OL/TELSVC. Copy 5-PSD/OS. Copy 6-File.

FORM 6-64 1551 USE PREVIOUS EDITION

SECRET

(13-20-43)

14-00000

SECRET

| NOTIFICATION OF ESTABLISHMENT OF MILITARY COVER BACKSTOP | DATE: 10 September 64 |
|---|---|
| TO: (Check) X CHIEF, PERSONNEL OPERATIONS DIVISION; X CHIEF, OPERATING COMPONENT (For action) | ESTABLISHED FOR: OFF FIN WILCOTT, James B. Jr. |
| ATTN: Ruby Johnson | FILE NO.: K-9524 |
| REF: Form 1322 8 September 64 Requesting cover | ID CARD NO. |
| MILITARY COVER BACKSTOP ESTABLISHED: US Army Element Composite Operations Group | EMPLOYEE NO. |

**KEEP ON TOP OF FILE WHILE COVER IN EFFECT**

[X] Block Records: (OFMEMO 20-800-11)

a. Temporarily for ______ days, effective ______________________.

b. Continuing, effective May 60.

[X] Submit Form 642 to change limitation category. (HHB 20-7)

[X] Ascertain that Army W-2 being issued. (HB 20-681-1)

[X] Submit Form 1322 for any change affecting this cover. (R 240-250)

9/14/64

[X] Submit Form 1323 for transferring cover responsibility. (R 240-250)

[ ] Remarks:

[X] Cover History
Mar 57-May 60 Hdqs/overt
May 60-Jul 64 DAC & DAFC/Japan

James H. Franklin
ALR/al CHIEF, MILITARY COVER, CCS

DISTRIBUTION: Copy 1-POD, Copy 2-Operating Component, Copy 3-OS D/OS, Copy 4-OL TSLSVC, Copy 5-PSD OS, Copy 6-File.

FORM 6-64 1551 USE PREVIOUS EDITION SECRET (13-20-43)

SECRET
(When Filled In)

N.M. 17 MAY 66

# NOTIFICATION OF PERSONNEL ACTION

CEF

| 1 SERIAL NUMBER | 2 NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 025798 | WILCOTT JAMES B JR |

| 3. NATURE OF PERSONNEL ACTION | 4 EFFECTIVE DATE (MO. DA. YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| RESIGNATION* | 04 15 66 | REGULAR |

| 6. FUNDS | V TO V | | V TO CF | 7 COST CENTER NO CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|
| | CF TO V | X | CF TO CF | 6135 1164 0000 | |

| 9 ORGANIZATIONAL DESIGNATIONS | 10 LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH/US FIELD<br>WH/C JMWAVE<br>DEP CHIEF OF STATION FOR OPS SUPPORT<br>FINANCE BRANCH | JMWAVE |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13 SERVICE DESIGNATION |
|---|---|---|
| FISCAL ACCT ASST | 1369 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15 OCCUPATIONAL SERIES | 16 GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0501.03 | 07 4 | 6690 |

18. REMARKS

*STAFF EMPLOYEE SPECIAL




LOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 2 STATION CODE | 23 INTEGREE CODE | 24 Hdqtrs Code | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE | 27 DATE OF LEI |
|---|---|---|---|---|---|
| | | | 09 27 31 | | |

| DATA CODE | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATA (TYPE, MO, DA, YR) | | 33 SECURITY REQ NO. | 34 SEX |
|---|---|---|---|---|---|
| | 1BDC043 | | EOD DATA | | |

| COMP DATE (DA YR) | 38 CAREER CATEGORY (CAR, RESV, PROV, TEMP) | 39 FEGLI / HEALTH INSURANCE (CODE, CODE, 0-WAIVED 1-YES, HEALTH INS CODE) | 40 SOCIAL SECURITY NO |
|---|---|---|---|
| | | | |

| 42 LEAVE CAT. CODE | 43. FEDERAL TAX DATA (FORM EXECUTED 1-YES 2-NO, CODE, NO TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED 1-YES 2-NO, CODE, NO TAX EXEMP, STATE CODE) |
|---|---|---|
| | | |

SIGNATURE OR OTHER AUTHENTICATION

0578460N

FORM 11-62 1150 Use Previous Edition

SECRET
(When Filled In)

GROUP 1 Excluded from automatic downgrading and declassification

14-00000

FJH. 21 DEC 65

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

OAF

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 025798 | WILCOTT JAMES B JR |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO. DA. YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| EXCEPTED APPT* CAREER | 11 21 65 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | | X | | 6135 1134 0000 | 50 USC 403 J |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH U.S. FIELD<br>WH/C JMWAVE<br>DEP CHIEF OF STATION FOR OPS SUPPORT<br>FINANCE BRANCH | JMWAVE |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| FISCAL ACCT ASST | 1369 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0501.03 | 07 4 | 6830 |

18. REMARKS
*STAFF EMPLOYEE - SPECIAL

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING NUMERIC | ALPHABETIC | 22. STATION CODE | 23. INTEGREE CODE | 24. Reqmt. Code | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
|---|---|---|---|---|---|---|---|---|---|
| 13 | 10 | 51550 | WH | 99999 | | 2 | 09 27 31 | 09 15 63 | 09 13 64 |

| 28. NTE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1-CSC, 2-FICA, 3-NONE) CODE | 31. SEPARATION DATA CODE | 32. CORRECTION CANCELLATION DATA | EOD DATA | 33. SECURITY REQ NO. | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | 1 | | | | 00000 | M1 |

| 35. VET. PREFERENCE CODE | 36. SERV. COMP DATE | 37. LONG COMP. DATE | 38 CAREER CATEGORY CODE | 39 FEGLI / HEALTH INSURANCE CODE | HEALTH INS CODE | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|---|
| 1 | 06 26 53 | 03 04 57 | C | 1 | | |

| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE | 42 LEAVE CAT CODE | 43 FEDERAL TAX DATA FORM EXECUTED | CODE | NO. TAX EXEMPTIONS | 44. STATE TAX DATA FORM EXECUTED | CODE | NO TAX EXEMP | STATE CODE |
|---|---|---|---|---|---|---|---|---|
| 1 | 6 | | 0 | 0 | | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED
12-22-65 -6

FORM 11-62 1150 Use Previous Edition

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

PJH: 21 DEC 55

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

OEB

| 1. SERIAL NUMBER | 2. NAME (LAST FIRST MIDDLE) |
|---|---|
| 025798 | [redacted] Wilcott, James B Jr |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| RESIGNATION | 11 24 65 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|
| | CF TO V: X | CF TO CF | 6135 1104 0000 | |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH US FIELD<br>WH/C JMWAVE<br>DEP CHIEF OF STATION FOR OPERATIONAL SUPPORT<br>FINANCE BRANCH | JMWAVE |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| FISCAL ACCT ASST | 1363 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0501.03 | 07 4 | 6830 |

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|
| 115 | 10 | | | | | 12 14 31 | | |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE; CODE) | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33. SECURITY REQ NO | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | | 1CD0081 | | | | |

| 35. VET PREFERENCE (CODE; 0 - NONE, 1 - 5 PT, 2 - 10 PT.) | 36. SERV. COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38. CAREER CATEGORY (CAR, RESV, PROV, TEMP; CODE) | 39. FEGLI / HEALTH INSURANCE (CODE; 0 - WAIVER, 1 - YES; HEALTH INS CODE) | 40. SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

| 41. PREVIOUS GOVERNMENT SERVICE DATA (CODE; 0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS)) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO. TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP; STATE CODE) |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

E. D. ECHOLS

PROCESSED 12 29 65

FORM 11-62 1150 Use Previous Edition

SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

| NAME | SERIAL | ORGN. | FUNDS | GR-STEP | OLD SALARY | NEW SALARY |
|---|---|---|---|---|---|---|
| [redacted] | 025798 | 51 550 | CF | GS 07 4 | $ 6,650 | $ 6,890 |

Wilcott, James B

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

OCS 09/27/65

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 029798 | Wilcott, James B<br>[redacted] |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT | 05 31 65 | |

| 6. FUNDS | | V TO V | | V TO CF | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | CF TO V | X | CF TO CF | 5135 1164 0000 | |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/WH DIVISION<br>US FLD D CH STA OP SUP | JMWAVE |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. CAREER SERVICE DESIGNATION |
|---|---|---|
| FISCAL ACCT ASST | 1369 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0501.03 | 07 | |

18. REMARKS

POSTED
6-3-65 HT

SIGNATURE OR OTHER AUTHENTICATION

[illegible] D. ECHOLS

Form 1150a 1-63 MFG 1-63 Use Previous Edition

SECRET

GROUP 1
Excluded from automatic downgrading and declassification

(When Filled In)

(4-51)

SECRET
(When Filled In)

DLB: 27 APR 65

# NOTIFICATION OF PERSONNEL ACTION

OA3

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 025798 | [redacted] Wilcott, James B |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO. DA. YR.) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| CAREER EXCEPTED APPT | 04 25 65 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | | X | | 5135 1164 0000 | 50 USC 403 J |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/SAS<br>U.S. FIELD<br>FORWARD OPERATIONS STATION-JMWAVE<br>DEPUTY FOR SUPPORT<br>FINANCE BRANCH | JMWAVE |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| FISCAL ACCT ASST | 1080 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0501.03 | 07 4 | 6650 |

18. REMARKS
REPLACEMENT FOR EDNA C. JECENTHAL.

POSTED ON OF-4b
BK 28 APR 1965

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING (NUM.) | (ALPHABETIC) | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
|---|---|---|---|---|---|---|---|---|---|
| 13 | 10 | 49760 | SAS | 59399 | | 2 | 09 27 31 | 09 15 63 | 09 13 64 |

| 28. NTE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (CODE) | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | EOD DATA | 33. SECURITY REQ NO | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | 1 | | | | 00000 | M |

| 35. VET. PREFERENCE (CODE) | 36. SERV COMP DATE | 37. LONG COMP. DATE | 38. CAREER CATEGORY (CODE) | 39. FEGLI / HEALTH INSURANCE (CODE) | HEALTH INS CODE | 40. SOCIAL SECURITY NO. |
|---|---|---|---|---|---|---|
| 1 | 06 26 53 | 03 04 57 | C | 1 | | |

| 41. PREVIOUS GOVERNMENT SERVICE DATA (CODE) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA (FORM EXECUTED) | CODE | NO TAX EXEMPTIONS | 44. STATE TAX DATA (FORM EXECUTED) | CODE | NO TAX EXEMP | STATE CODE |
|---|---|---|---|---|---|---|---|---|
| 1 | 6 | | 0 | 0 | | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED
04/28/65 RK

FORM 11-62 1150 Use Previous Edition

SECRET JJd

(When Filled In)

14-00000

SECRET
(When Filled In)

DLB: 27 APR 65

# NOTIFICATION OF PERSONNEL ACTION

OEF

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 025798 | WILCOTT JAMES B JR |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| RESIGNATION | 04 24 65 | REGULAR |

| 6. FUNDS | | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|
| X | V TO V / CF TO V / V TO CF / CF TO CF | 5277 0003 0000 | |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDS/OFFICE OF FINANCE<br>CONFIDENTIAL FUNDS DIVISION<br>COMPENSATION AND TAX ACCOUNTS BRANCH<br>CONTRACT AGENTS ACCOUNTS SECTION | WASH., D. C. |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| FINANCE ASSISTANT | 0470 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0510.16 | 07 4 | 6650 |

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 Employ. Code | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22. STATION CODE | 23 INTEGREE CODE | 24 Hdqrs Code | 25 DATE OF BIRTH (MO DA YR) | 26 DATE OF GRADE | 27 DATE OF LEI |
|---|---|---|---|---|---|---|---|---|
| 45 | 10 | | | | | 09 27 31 | | |

| 28 NTE EXPIRES | 29 SPECIAL REFERENCE | 30 RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) | 31 SEPARATION DATA CODE | 32 CORRECTION/CANCELLATION DATA | | 33 SECURITY REQ NO. | 34 SEX |
|---|---|---|---|---|---|---|---|
| | | | 1500091 | | EOD DATA | | |

| 35 VET PREFERENCE (0 - NONE, 1 - 5 PT, 2 - 10 PT) | 36 SERV. COMP. DATE | 37 LONG COMP. DATE | 38 CAREER CATEGORY | 39 FEGLI / HEALTH INSURANCE | 40 SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

| 41. PREVIOUS GOVERNMENT SERVICE DATA (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS)) | 42. LEAVE CAT CODE | 43 FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMPTIONS) | 44. STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP; STATE CODE) |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED
JPJ 4/29/65

FORM 11-62 1150 Use Previous Edition

SECRET

792

GROUP 1
Excluded from automatic downgrading and declassification

(When Filled In)

SECRET
(When Filled In)

DLB: 9 OCT 64

# NOTIFICATION OF PERSONNEL ACTION

OCF

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 035798 | WILCOTT JAMES JR |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS | 10 11 64 | REGULAR |

| 6. FUNDS | | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|
| V TO V / CF TO V / V TO CF / CF TO CF | X (CF TO V) | 5277 0003 0000 | 50 USC 403 J |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDS OFFICE OF FINANCE<br>CONFIDENTIAL FUNDS DIVISION<br>COMPENSATION & TAX ACCOUNTS BRANCH<br>CONTRACT AGENTS ACCOUNTS SECTION | WASH., D. C. |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| FINANCE ASSISTANT | 0470 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0510.16 | 07 4 | 6650 |

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING NUMERIC | ALPHABETIC | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25. DATE OF BIRTH (MO DA YR) | 26. DATE OF GRADE (MO DA YR) | 27. DATE OF LEI (MO DA YR) |
|---|---|---|---|---|---|---|---|---|---|
| 10 | 10 | 13500 | FIN | 75013 | | 1 | 09 27 31 | | |

| 28. NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE) CODE | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA (TYPE, MO DA YR) | EOD DATA | 33. SECURITY REQ NO | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35. VET PREFERENCE CODE (0 - NONE, 1 - 5 PT, 2 - 10 PT) | 36. SERV. COMP DATE (MO DA YR) | 37. LONG COMP DATE (MO DA YR) | 38. CAREER CATEGORY (CAR, RESV, PROV, TEMP) CODE | 39. FEGLI / HEALTH INSURANCE CODE (0 WAIVER, 1 YES) HEALTH INS CODE | 40. SOCIAL SECURITY NO |
|---|---|---|---|---|---|
| | | | | | |

| 41. PREVIOUS GOVERNMENT SERVICE DATA CODE (0 - NO PREVIOUS SERVICE, 1 - NO BREAK IN SERVICE, 2 - BREAK IN SERVICE (LESS THAN 3 YRS), 3 - BREAK IN SERVICE (MORE THAN 3 YRS)) | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA: FORM EXECUTED (1 - YES, 2 - NO), CODE, NO TAX EXEMPTIONS | 44. STATE TAX DATA: FORM EXECUTED (1 - YES, 2 - NO), CODE, NO TAX EXEMP, STATE CODE |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

FROM: FE
B

POSTED
9 Oct 64

FORM 11-62 1150 Use Previous Edition

SECRET 79a

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

14-00000

ADJUSTMENT OF SALARY RATE IN ACCORDANCE WITH THE SCHEDULES OF THE GOVERNMENT EMPLOYEES SALARY REFORM ACT OF 1964 PURSUANT TO THE AUTHORITY OF THE DIRECTOR OF CENTRAL INTELLIGENCE AS PROVIDED IN THE CENTRAL INTELLIGENCE AGENCY ACT OF 1949, AS AMENDED, AND POLICY DIRECTIVE ISSUED BY THE ACTING DIRECTOR OF CENTRAL INTELLIGENCE DATED 8 OCTOBER 1962.

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

# GENERAL SCHEDULE RATES

## Federal Employees Salary Act of 1964

| GRADE | *Per Annum Rates and Steps* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| GS- 1 | $3,385 | $3,500 | $3,615 | $3,730 | $3,845 | $3,960 | $4,075 | $4,190 | $4,305 | $4,420 |
| GS- 2 | 3,680 | 3,805 | 3,930 | 4,055 | 4,180 | 4,305 | 4,430 | 4,555 | 4,680 | 4,805 |
| GS- 3 | 4,005 | 4,140 | 4,275 | 4,410 | 4,545 | 4,680 | 4,815 | 4,950 | 5,085 | 5,220 |
| GS- 4 | 4,480 | 4,630 | 4,780 | 4,930 | 5,080 | 5,230 | 5,380 | 5,530 | 5,680 | 5,830 |
| GS- 5 | 5,000 | 5,165 | 5,330 | 5,495 | 5,660 | 5,825 | 5,990 | 6,155 | 6,320 | 6,485 |
| GS- 6 | 5,505 | 5,690 | 5,875 | 6,060 | 6,245 | 6,430 | 6,615 | 6,800 | 6,985 | 7,170 |
| GS- 7 | 6,050 | 6,250 | 6,450 | 6,650 | 6,850 | 7,050 | 7,250 | 7,450 | 7,650 | 7,850 |
| GS- 8 | 6,630 | 6,850 | 7,070 | 7,290 | 7,510 | 7,730 | 7,950 | 8,170 | 8,390 | 8,610 |
| GS- 9 | 7,220 | 7,465 | 7,710 | 7,955 | 8,200 | 8,445 | 8,690 | 8,935 | 9,180 | 9,425 |
| GS-10 | 7,900 | 8,170 | 8,440 | 8,710 | 8,980 | 9,250 | 9,520 | 9,790 | 10,060 | 10,330 |
| GS-11 | 8,650 | 8,945 | 9,240 | 9,535 | 9,830 | 10,125 | 10,420 | 10,715 | 11,010 | 11,305 |
| GS-12 | 10,250 | 10,605 | 10,960 | 11,315 | 11,670 | 12,025 | 12,380 | 12,735 | 13,090 | 13,445 |
| GS-13 | 12,075 | 12,495 | 12,915 | 13,335 | 13,755 | 14,175 | 14,595 | 15,015 | 15,435 | 15,855 |
| GS-14 | 14,170 | 14,660 | 15,150 | 15,640 | 16,130 | 16,620 | 17,110 | 17,600 | 18,090 | 18,580 |
| GS-15 | 16,460 | 17,030 | 17,600 | 18,170 | 18,740 | 19,310 | 19,880 | 20,450 | 21,020 | 21,590 |
| GS-16 | 18,935 | 19,590 | 20,245 | 20,900 | 21,555 | 22,210 | 22,865 | 23,520 | 24,175 | ..... |
| GS-17 | 21,445 | 22,195 | 22,945 | 23,695 | 24,445 | ..... | ..... | ..... | ..... | ..... |
| GS-18 | 24,500 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... |

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND OCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 5 JANUARY 1964.

| NAME | SERIAL | ORGN FUNDS | | GR-ST | OLD SALARY | NEW SALARY |
|---|---|---|---|---|---|---|
| WILCOTT JAMES B JR | 025798 | 45 380 | CF | GS 07 3 | $ 5,910 | $ 6,185 |

11

| 1 Serial No | 2 Name | 3 Cost Center Number | 4 LWOP Hours |
|---|---|---|---|
| 025798 | WILCOTT JAMES B JR | 45 380 11F CF | |

| 5. OLD SALARY RATE | | | | 6 NEW SALARY RATE | | | | 7 TYPE ACTION | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Grade | Step | Salary | Last EH Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ. |
| GS 07 | 3 | $ ~~6,185~~ 6450 | 09/15/63 | GS 07 | 4 | $ ~~6,380~~ 6650 | 09/13/64 | | | |

8 Remarks and Authentication

/ ✓ / NO EXCESS LWOP 04
/ / IN PAY STATUS AT END OF WAITING PERIOD 742
/ / LWOP STATUS AT END OF WAITING PERIOD
CLERKS INITIALS AUDITED BY
o o GB

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE [signature] DATE 1/1/64

PAY CHANGE NOTIFICATION mcx

Form 961 560 Obsolete Previous Edition (4-51)

SECRET
(When Filled In)

DLS: 13 SEPT 63

OCF

# NOTIFICATION OF PERSONNEL ACTION

| 1. SERIAL NUMBER | 2. NAME (LAST-FIRST-MIDDLE) |
|---|---|
| 025798 | WILCOTT JAMES B JR |

| 3. NATURE OF PERSONNEL ACTION | 4. EFFECTIVE DATE (MO DA YR) | 5. CATEGORY OF EMPLOYMENT |
|---|---|---|
| PROMOTION | 09 15 63 | REGULAR |

| 6. FUNDS | V TO V | V TO CF | CF TO V | CF TO CF | 7. COST CENTER NO. CHARGEABLE | 8. CSC OR OTHER LEGAL AUTHORITY |
|---|---|---|---|---|---|---|
| | | | X | | 4137 7351 1000 | 50 USC 403 J |

| 9. ORGANIZATIONAL DESIGNATIONS | 10. LOCATION OF OFFICIAL STATION |
|---|---|
| DDP/FE<br>FOREIGN FIELD<br>FE/JKO-TOKYO STATION<br>SUPPORT STAFF | TOKYO, JAPAN |

| 11. POSITION TITLE | 12. POSITION NUMBER | 13. SERVICE DESIGNATION |
|---|---|---|
| FISCAL ACCT ASST | 3167 | SF |

| 14. CLASSIFICATION SCHEDULE (GS, LB, etc.) | 15. OCCUPATIONAL SERIES | 16. GRADE AND STEP | 17. SALARY OR RATE |
|---|---|---|---|
| GS | 0501.03 | 07 3 | 5910 |

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19. ACTION CODE | 20. Employ Code | 21. OFFICE CODING Numeric | Alphabetic | 22. STATION CODE | 23. INTEGREE CODE | 24. Hdqtrs Code | 25. DATE OF BIRTH | 26. DATE OF GRADE | 27. DATE OF LEI |
|---|---|---|---|---|---|---|---|---|---|
| 22 | 10 | 45380 | FE | 37587 | | 3 | 09 27 31 | 09 15 63 | 09 15 63 |

| 28. NTE EXPIRES | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 3 - FICA, 4 - NONE) | 31. SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA | EOD DATA | 33. SECURITY REQ NO. | 34. SEX |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| 35. VET PREFERENCE (0 - NONE, 1 - 5 PT, 2 - 10 PT) | 36. SERV COMP DATE | 37. LONG COMP DATE | 38. CAREER CATEGORY | 39. FEGLI / HEALTH INSURANCE | 40. SOCIAL SECURITY NO. |
|---|---|---|---|---|---|
| | | | | | |

| 41. PREVIOUS GOVERNMENT SERVICE DATA | 42. LEAVE CAT CODE | 43. FEDERAL TAX DATA | 44. STATE TAX DATA |
|---|---|---|---|
| | | | |

SIGNATURE OR OTHER AUTHENTICATION

POSTED 09/25/63 DK

E.D. ECHOLS

FORM 1-62 1150 Use Previous Edition

SECRET 13 SEP 1963

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND DCI MEMORANDUM DATED 1 AUGUST 196[illegible] , SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 14 OCTOBER 1962

| NAME | SERIAL | ORGN | FUNDS | OLD GR-ST | OLD SALARY | NEW GR-ST | NEW SALARY |
|---|---|---|---|---|---|---|---|
| WILCOTT JAMES B JR | 025798 | 56380 | CF | 06 4 | $ 5325 | 06 4 | $ 5545 |

ARE:9 NOV 1961

**SECRET**
(When Filled In)

OCF

## NOTIFICATION OF PERSONNEL ACTION

| | |
|---|---|
| 1. SERIAL NUMBER: 025798 | 2. NAME (LAST-FIRST-MIDDLE): WILCOTT JAMES B JR |
| 3. NATURE OF PERSONNEL ACTION: PROMOTION | 4. EFFECTIVE DATE (MO. DA. YR.): 11 12 61 — 5. CATEGORY OF EMPLOYMENT: REGULAR |
| 6. FUNDS: V TO V / CF TO V: X / V TO CF / CF TO CF | 7. COST CENTER NO. CHARGEABLE: 2137 7351 1000 — 8. CSC OR OTHER LEGAL AUTHORITY: 50 USC 403 J |
| 9. ORGANIZATIONAL DESIGNATIONS: DDP FE<br>FE/JAO TOKYO STATION<br>SUPPORT STAFF TOKYO | 10. LOCATION OF OFFICIAL STATION: TOKYO, JAPAN |
| 11. POSITION TITLE: FISCAL ACCT ASST | 12. POSITION NUMBER: 3167 — 13. CAREER SERVICE DESIGNATION: SF |
| 14. CLASSIFICATION SCHEDULE (GS, WB, etc.): GS — 15. OCCUPATIONAL SERIES: 0501.03 | 16. GRADE AND STEP: 06 4 — 17. SALARY OR RATE: 5325 |

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

| 19 ACTION CODE | 20 Employ Code | 21. OFFICE CODING (NUMERIC / ALPHABETIC) | 22 STATION CODE | 23 INTEGREE CODE | 24. Hdqtrs Code | 25 DATE OF BIRTH | 26 DATE OF GRADE | 27 DATE OF LEI |
|---|---|---|---|---|---|---|---|---|
| 22 | 10 | 56380 FE | 37587 | | 3 | 09 27 31 | 11 12 61 | 11 12 61 |

28 NTE EXPIRES (MO DA YR) | 29. SPECIAL REFERENCE | 30. RETIREMENT DATA (1 - CSC, 2 - FICA, 3 - NONE; CODE) | 31 SEPARATION DATA CODE | 32. CORRECTION/CANCELLATION DATA (TYPE; MO DA YR) | EOD DATA | 33 SECURITY REQ NO | 34. SEX

35 VET. PREFERENCE (CODE; 0 - NONE, 1 - 5 PT, 2 - 10 PT.) | 36 SERV COMP DATE (MO DA YR) | 37 LONG COMP. DATE (MO DA YR) | 38. MIL SERV CREDIT/LCD (1 - YES, 2 - NO; CODE) | 39 FEGLI / HEALTH INSURANCE (CODE; 0 - WAIVER, 1 - YES; HEALTH INS CODE) | 40 SOCIAL SECURITY NO.

41 PREVIOUS GOVERNMENT SERVICE DATA (CODE; 0 - NO PREVIOUS SERVICE; 1 - NO BREAK IN SERVICE; 2 - BREAK IN SERVICE (LESS THAN 12 MOS); 3 - BREAK IN SERVICE (MORE THAN 12 MOS)) | 42. LEAVE CAT CODE | 43 FEDERAL TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMPTIONS) | 44 STATE TAX DATA (FORM EXECUTED 1 - YES 2 - NO; CODE; NO TAX EXEMP; STATE CODE)

SIGNATURE OR OTHER AUTHENTICATION

14-00000

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

| SD | NAME | SERIAL | ORGN | GR-ST | OLD SALARY | NEW SALARY |
|---|---|---|---|---|---|---|
| SF | WILCOTT JAMES B JR | 525798 | 51 71 | GS-05 3 | $ 4,340 | $ 4,675 |

/S/ EMMETT D. ECHOLS
DIRECTOR OF PERSONNEL

SECRET
(WHEN FILLED IN)

| 1. EMP. SERIAL NO. | 2. NAME | 3. ASSIGNED ORGAN. | 4. FUNDS | 5. |
|---|---|---|---|---|
| 525798 | WILCOTT JAMES B JR | DDP/FE | UV | |

| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE MO. | DA. | YR | GRADE | STEP | SALARY | EFFECTIVE DATE MO | DA | YR. |
| GS 05 | 3 | $ 4,675 | 09 | 20 | 59 | GS 05 | 4 | $ 4,840 | 09 | 18 | 60 |

TO BE COMPLETED BY THE OFFICE OF COMPTROLLER

8. CHECK ONE ☒ NO EXCESS LWOP ☐ EXCESS LWOP
IF EXCESS LWOP, CHECK FOLLOWING:
☐ IN PAY STATUS AT END OF WAITING PERIOD
☐ IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

12. TYPE OF ACTION
☐ P.S.I. ☐ L.S.I. ☐ PAY ADJUSTMENT

13. REMARKS

14. AUTHENTICATION

9-22-60

E.D.ECHOLS

PAY CHANGE NOTIFICATION

FORM 2-58 560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560a AND 560b. SECRET OFFICIAL PERSONNEL FOLDER (4)

14-00000

(When Filled In)

| 1. Serial No. | 2. Name | 3. Cost Center Number | 4. LWOP Hours |
|---|---|---|---|
| 25798 | WILCOTT JAMES B JR | DDP/FE 14 UV | |

| 5. OLD SALARY RATE | | | | 6. NEW SALARY RATE | | | | 7. TYPE ACTION | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Grade | Step | Salary | Last Eff. Date | Grade | Step | Salary | Effective Date | PSI | LSI | ADJ. |
| GS 05 | 4 | $ 4,840 | 09/18/60 | 05 | 5 | $ 5,035 | 09/17/61 | | | |

8. Remarks and Authentication

/ / NO EXCESS LWOP

/ / IN PAY STATUS AT END OF WAITING PERIOD

/ / IN LWOP STATUS AT END OF WAITING PERIOD

E. D. ECHOLS JK

PAY CHANGE NOTIFICATION

Form 7-60 560 Obsolete Previous Edition SECRET (4-61)

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

AES: 6 MAY 1960

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo. Da. Yr. | 4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 / Code | 5. Sex | 6. CS-EOD Mo. Da. Yr. |
|---|---|---|---|---|---|
| 525798 | WILCOTT JAMES B JR | 09 27 31 | 1 | M 1 | 03 04 57 |

| 7. SCD Mo. Da. Yr. | 8. CSC Yes-1 No-2 / Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. Mo. Da. Yr. | 11. FEGLI Yes-1 No-2 / Code | 12. LCD Mo. Da. Yr. | 13. Mil. Serv. Credit Yes-1 No-2 / Code |
|---|---|---|---|---|---|---|
| 06 26 53 | 1 | 50 USCA 403 J | | 1 | 03 04 57 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER<br>FINANCE DIV, ACCOUNTS BR<br>ACCOUNTING CONTROL SEC<br>ACCTS RECEIVABLE AND PAYABLE UNIT | 3803 | WASH., D.C. | 75013 |

| 16. Dept.-Field (Dept-1 USfld-3 Frgn-5) Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 2 | FISCAL ACCT CLK | 0506 | GS | 0501.04 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade Mo. Da. Yr. | 25. PSI Due Mo. Da. Yr. | 26. Appropriation Number |
|---|---|---|---|---|---|
| 05 3 | $ 4340 | SF | 09 22 57 | 09 18 60 | 0263 1040 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date Mo. Da. Yr. | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| REASSIGNMENT & TRANSFER TO CONFIDENTIAL FUNDS* | 06 | 05 15 60 | REGULAR | 01 | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDP FE<br>FE/JAO - TOKYO STATION<br>SUPPORT STAFF - TOKYO | 5171 | TOKYO, JAPAN | 37587 |

| 33. Dept.-Field (Dept-1 USfld-3 Frgn-5) Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 5 | FISCAL ACCT ASST | 3167 | GS | 0501.03 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade Mo. Da. Yr. | 42. PSI Due Mo. Da. Yr. | 43. Appropriation Number |
|---|---|---|---|---|---|
| 05 3 | $ 4340 | SF | 09 23 57 | 09 18 60 | 0137 7351 3000 |

44. Remarks

*SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED
07-16-60 WC

14-00000

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

AES: 2 OCT 1959

1. Serial No.: 125798
2. Name (Last-First-Middle): WILCOTT JAMES B JR
3. Date Of Birth: Mo. 09 Da. 27 Yr. 31
4. Vet. Pref.: None-0, 5 Pt-1, 10 Pt-2 — Code 1
5. Sex: M 1
6. CS - EOD: Mo. 03 Da. 04 Yr. 57
7. SCD: Mo. 06 Da. 26 Yr. 53
8. CSC Retmt.: Yes-1, No-2 — Code 1
9. CSC Or Other Legal Authority: 50 USCA 403 J
10. Apmt. Affidav.: Mo. Da. Yr.
11. FEGLI: Yes-1, No-2 — Code
12. LCD: Mo. 03 Da. 04 Yr. 57
13. Mil. Serv. Credit: Yes-1, No-2 — Code 2

## PREVIOUS ASSIGNMENT

14. Organizational Designations: DDS OFFICE OF THE COMPTROLLER / FINANCE DIVISION / COMPENSATION AND TAX ACCTS BR / CONTRACT AGENTS ACCTS SECT. — Code 3803
15. Location Of Official Station: WASH., D. C. — Station Code 75013
16. Dept. - Field: Dept-2, USild-4, Frgn-6 — Code 2
17. Position Title: FINANCE ASST
18. Position No.: 0470
19. Serv.: GS
20. Occup. Series: 0510.14
21. Grade & Step: 05 3
22. Salary Or Rate: $ 4340
23. SD: SF
24. Date Of Grade: Mo. 09 Da. 22 Yr. 57
25. PSI Due: Mo. 09 Da. 20 Yr. 59
26. Appropriation Number: 9 6300 20 004

## ACTION

27. Nature Of Action: REASSIGNMENT — Code 56
28. Eff. Date: Mo. 10 Da. 04 Yr. 59
29. Type Of Employee: REGULAR — Code 01
30. Separation Data:

## PRESENT ASSIGNMENT

31. Organizational Designations: DDS OFFICE OF THE COMPTROLLER / FINANCE DIV, ACCOUNTS BR / ACCOUNTING CONTROL SEC / ACCTS RECEIVABLE AND PAYABLE UNIT — Code 3803
32. Location Of Official Station: WASH., D.C. — Station Code 75013
33. Dept. - Field: Dept-2, USild-4, Frgn-6 — Code 2
34. Position Title: FISCAL ACCT CLK
35. Position No.: 0506
36. Serv.: GS
37. Occup. Series: 0501.04
38. Grade & Step: 05 3
39. Salary Or Rate: $ 4340
40. SD: SF
41. Date Of Grade: Mo. 09 Da. 22 Yr. 57
42. PSI Due: Mo. 09 Da. 10 Yr. 60
43. Appropriation Number: 0263 1040

44. Remarks

POSTED
fa 10-6-59

FORM NO. 1150
1 MAR 57

SECRET

(4)

14-00000

SECRET
(WHEN FILLED IN)

| 1. EMP. SERIAL NO. | 2. NAME | 3. ASSIGNED ORGAN. | 4. FUNDS | 5. ALLOTMENT |
|---|---|---|---|---|
| 125798 | WILCOTT JAMES B JR | DDS/COMPT | V-20 | 2C3 |

| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE MO | DA | YR | GRADE | STEP | SALARY | EFFECTIVE DATE MO | DA | YR |
| GS 5 | 2 | $ 4,190 | 09 | 21 | 58 | GS 5 | 3 | $ 4,340 | 09 | 20 | 59 |

TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER

8. CHECK ONE [X] NO EXCESS LWOP [ ] EXCESS LWOP
IF EXCESS LWOP, CHECK FOLLOWING:
[ ] IN PAY STATUS AT END OF WAITING PERIOD
[ ] IN LWOP STATUS AT END OF WAITING PERIOD

9. NUMBER OF HOURS LWOP

10. INITIALS OF CLERK

11. AUDITED BY

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

| 12. PROJECTED SALARY RATE AND EFFECTIVE DATE | | | | | |
|---|---|---|---|---|---|
| GRADE | STEP | SALARY | MO | DA. | YR. |
| | | | | | |

13. REMARKS

14. AUTHENTICATION

SEP 14 4 17 PM '59
REC. PAYROLL BRANCH

PERIODIC STEP INCREASE - AUTHENTICATION

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

MCM 25 MAR 59

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo. | Da. | Yr. | 4. Vet. Pref None-0 5 Pt-1 10 Pt-2 | Code | 5. Sex | | 6. CS-EOD Mo. | Da. | Yr. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 125798 | WILCOTT JAMES B JR | 09 | 27 | 31 | | 1 | M | 1 | 03 | 04 | 57 |

| 7. SCD Mo. | Da. | Yr. | 8. CSC Retmt. Yes-1 No-2 | Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav Mo. | Da. | Yr. | 11. FEGLI Yes-1 No-2 | Code | 12. LCD Mo. | Da. | Yr. | 13. Mil. Serv. Credit Yes-1 No-2 | Code |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 06 | 26 | 53 | | 1 | 50 USCA 403 J | | | | | | 03 | 04 | 57 | | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER<br>FINANCE DIV<br>COMPENSATION & TAX ACCTS BR<br>STAFF EMPLOYEES ACCTS SECTION | 3803 | WASH., D. C. | 75013 |

| 16. Dept. - Field Dept - 2 USfld - 4 Frgn - 6 | Code | 17. Position Title | 18. Position No. | 19. Serv | 20. Occup. Series |
|---|---|---|---|---|---|
| | 2 | TIME LV PAY CLK. | 0305.02 | GS | 0544.01 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade Mo. | Da. | Yr. | 25. PSI Due Mo. | Da. | Yr. | 26. Appropriation Number |
|---|---|---|---|---|---|---|---|---|---|
| 05 2 | $ 4190 | SF | 09 | 22 | 57 | 09 | 21 | 58 | 8 6304 20 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date Mo. | Da. | Yr. | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|---|---|
| REASSIGNMENT | 56 | 03 | 25 | 59 | REGULAR | 01 | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER<br>FINANCE DIVISION<br>COMPENSATION AND TAX ACCTS BR<br>CONTRACT AGENTS ACCTS SECT. | 3803 | WASH., D. C. | 75013 |

| 33. Dept. - Field Dept - 2 USfld - 4 Frgn - 6 | Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|---|
| | 2 | FINANCE ASST | 0470 | GS | 0510.14 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade Mo. | Da. | Yr. | 42. PSI Due Mo. | Da. | Yr. | 43. Appropriation Number |
|---|---|---|---|---|---|---|---|---|---|
| 05 2 | $ 4190 | SF | 09 | 22 | 57 | 09 | 20 | 59 | 9 6300 20 004 |

44. Remarks

POSTED
27 MAR

S E C R E T

[illegible] SALARY INCREASE RETROACTIVELY EFFECTIVE

[illegible] AUTHORIZED BY P. L. [illegible]

[illegible] SALARY AS OF [illegible] JUNE [illegible] ADJUSTED AS FOLLOWS

| NAME | SERIAL | GRADE-STEP | OLD SALARY | NEW SALARY |
|---|---|---|---|---|
| WILCOTT JAMES B JR | 125798 | GS-05-1 | $ 3,670 | $ 4,040 |

[illegible] STEWART
/S/ DIRECTOR OF PERSONNEL

S E C R E T

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING

FROM R-20-250

| SER # | NAME | SD | OLD SLOT | NEW SLOT | DATE |
|---|---|---|---|---|---|
| 125798 | WILCOTT JAMES B JR | SF | 0305.02 | 305 | 01/12/59 |

14-00000

SECRET
(WHEN FILLED IN)

| 1. EMP. SERIAL NO. | 2. NAME | 3. ASSIGNED ORGAN. | 4. FUNDS | 5. ALLOTMENT |
|---|---|---|---|---|
| 125798 | WILCOTT JAMES B JR | DDS/COMPT | V-20 | |

| 6. OLD SALARY RATE | | | | | | 7. NEW SALARY RATE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| GRADE | STEP | SALARY | LAST EFFECTIVE DATE | | | GRADE | STEP | SALARY | EFFECTIVE DATE | | |
| | | | MO | DA | YR | | | | MO. | DA | YR. |
| GS 5 | 1 | $ 4,040 | 09 | 22 | 57 | GS 5 | 2 | $ 4,190 | 09 | 21 | 58 |

REMARKS

CERTIFICATION

I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.

| TYPED, OR PRINTED, NAME OF SUPERVISOR | DATE | SIGNATURE OF SUPERVISOR |
|---|---|---|
| H. A. CHANDLER | 13 August 1958 | [signature] |

PERIODIC STEP INCREASE - CERTIFICATION

FORM NO. 560
1 MAR 56

SECRET

PERSONNEL FOLDER (4)

14-00000

30202

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

MCM28 APRIL 58

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo. Da. Yr.) | 4. Vet. Pref. (None-0, 5 Pt-1, 10 Pt-2) Code | 5. Sex | 6. CS EOD (Mo. Da. Yr.) |
|---|---|---|---|---|---|
| 125798 | WILCOTT JAMES B JR | 09 27 31 | 1 | M 1 | 03 04 57 |

| 7. SCD (Mo. Da. Yr.) | 8. CSC Retmt. (Yes-1 No-2) Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. (Mo. Da. Yr.) | 11. FEGLI (Yes-1 No-2) Code | 12. LCD (Mo. Da. Yr.) | 13 Mil. Serv. Credit. LCD (Yes-1 No-2) Code |
|---|---|---|---|---|---|---|
| 06 26 53 | 1 | 50 USCA 403 J | | | 03 04 57 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER<br>FINANCE DIVISION<br>COMPENSATION AND TAX ACCTS BR<br>CONTRACT AGENTS ACCTS SECTION | 3803 | WASH., D. C. | 75013 |

| 16. Dept. - Field (Dept - 2, USfld - 4, Frgn - 6) Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 2 | FINANCE ASST | 0521.03 | GS | 0510.14 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo. Da. Yr.) | 25. PSI Due (Mo. Da. Yr.) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 05 1 | $ 3670 | SF | 09 22 57 | 09 21 58 | 8 6304 20 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo. Da. Yr.) | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| REASSIGNMENT | 56 | 04 21 58 | REGULAR | 01 | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER<br>FINANCE DIV<br>COMPENSATION & TAX ACCTS BR<br>STAFF EMPLOYEES ACCTS SECTION | 3803 | WASH., D. C. | 75013 |

| 33. Dept. - Field (Dept - 2, USfld - 4, Frgn - 6) Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 2 | TIME LV PAY CLK | 0305.02 | GS | 0544.01 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo. Da. Yr.) | 42. PSI Due (Mo. Da. Yr.) | 43. Appropriation Number |
|---|---|---|---|---|---|
| 05 1 | $ 3670 | SF | 09 22 57 | 09 21 58 | 8 6304 20 |

44. Remarks

POSTED
5/1/58

FORM NO. 1150
1 MAR 57

SECRET

(4)

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

HCM 21 FEB 58

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth Mo. Da. Yr. | 4. Vet. Pref. None-0 5 Pt-1 10 Pt-2 / Code | 5. Sex | 6. CS-EOD Mo. Da. Yr. |
|---|---|---|---|---|---|
| 125798 | WILCOTT JAMES B JR | 09 27 31 | 1 | M 1 | 03 04 57 |

| 7. SCD Mo. Da. Yr. | 8. CSC Retmt. Yes-1 No-2 / Code | 9. CSC Or Other Legal Authority | 10. Apmt Affidav. Mo. Da. Yr. | 11. FEGLI Yes-1 No-2 / Code | 12. LCD Mo. Da. Yr. | 13. Mil. Serv. Credit Code Yes-1 No-2 / Code |
|---|---|---|---|---|---|---|
| 06 26 53 | 1 | 50 USCA 403 J | | | 03 04 57 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF COMPTROLLER<br>FISCAL DIVISION<br>ACCOUNTS BRANCH<br>ALLOTMENT LEDGER SECTION | 3802 | WASH, D. C. | 75013 |

| 16. Dept.-Field (Dept.-2 USfld-4 Frgn-6) Code | 17. Position Title | 18. Position No. | 19. Serv. | 20. Occup. Series |
|---|---|---|---|---|
| 2 | FISCAL ACCT CLK | 30.01 | GS | 0501.04 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade Mo. Da. Yr. | 25. PSI Due Mo. Da. Yr. | 26. Appropriation Number |
|---|---|---|---|---|---|
| 05 1 | $ 3670 | SF | 09 22 57 | 09 21 58 | 8 6303 20 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date Mo. Da. Yr. | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| REASSIGNMENT | 56 | 02 23 58 | REGULAR | 01 | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF THE COMPTROLLER<br>FINANCE DIVISION<br>COMPENSATION AND TAX ACCTS BR<br>CONTRACT AGENTS ACCTS SECTION | 3803 | WASH., D. C. | 75013 |

| 33. Dept.-Field (Dept.-2 USfld-4 Frgn-6) Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 2 | FINANCE ASST | 0521.03 | GS | 0510.14 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade Mo. Da. Yr. | 42. PSI Due Mo. Da. Yr. | 43. Appropriation Number |
|---|---|---|---|---|---|
| 05 1 | $ 3670 | SF | 09 22 57 | 09 21 58 | 8 6304 20 |

44. Remarks

POSTED
4 MAR 1958

SECRET
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

| 1. Serial No. | 2. Name (Last-First-Middle) | 3. Date Of Birth (Mo. / Da. / Yr.) | 4. Vet Pref. (None-0, 5 Pt-1, 10 Pt-2) / Code | 5. Sex | 6. CS-EOD (Mo. / Da. / Yr.) |
|---|---|---|---|---|---|
| 1257 [illegible] | WILCOTT, JAMES [illegible] JR | [illegible] / [illegible] / [illegible] | 1 | M 1 | 03 / 04 / 57 |

| 7. SCD (Mo. / Da. / Yr.) | 8. CSC Retmt. (Yes-1, No-2) / Code | 9. CSC Or Other Legal Authority | 10. Apmt. Affidav. (Mo. / Da. / Yr.) | 11. FEGLI (Yes-1, No-2) / Code | 12. LCD (Mo. / Da. / Yr.) | 13. (Yes-1, No-2) / Code |
|---|---|---|---|---|---|---|
| 0[illegible] / 2[illegible] / [illegible] | 1 | 50 USCA 403 J | | | 03 / 04 / 57 | 2 |

## PREVIOUS ASSIGNMENT

| 14. Organizational Designations | Code | 15. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF COMPTROLLER<br>FISCAL DIVISION<br>ACCOUNTS BRANCH<br>ALLOTMENT LEDGER SECTION | | WASH., D. C. | |

| 16. Dept.-Field (Dept-2, USfld-4, Frgn-6) / Code | 17. Position Title | 18. Position No. | 19. Serv | 20. Occup. Series |
|---|---|---|---|---|
| 2 | FISCAL ACCT CLK | [illegible].01 | GS | 0501.04 |

| 21. Grade & Step | 22. Salary Or Rate | 23. SD | 24. Date Of Grade (Mo. / Da. / Yr.) | 25. PSI Due (Mo. / Da. / Yr.) | 26. Appropriation Number |
|---|---|---|---|---|---|
| 04 1 | $ [illegible]415 | SC | | | [illegible] 202 20 |

## ACTION

| 27. Nature Of Action | Code | 28. Eff. Date (Mo. / Da. / Yr.) | 29. Type Of Employee | Code | 30. Separation Data |
|---|---|---|---|---|---|
| PROMOTION | 20 | [illegible] / 22 / 57 | REGULAR | 01 | |

## PRESENT ASSIGNMENT

| 31. Organizational Designations | Code | 32. Location Of Official Station | Station Code |
|---|---|---|---|
| DDS OFFICE OF COMPTROLLER<br>FISCAL DIVISION<br>ACCOUNTS BRANCH<br>ALLOTMENT LEDGER SECTION | 2[illegible]02 | WASH., D. C. | 75012 |

| 33. Dept.-Field (Dept-2, USfld-4, Frgn-6) / Code | 34. Position Title | 35. Position No. | 36. Serv. | 37. Occup. Series |
|---|---|---|---|---|
| 2 | FISCAL ACCT CLK | 30.01 | GS | 0501.04 |

| 38. Grade & Step | 39. Salary Or Rate | 40. SD | 41. Date Of Grade (Mo. / Da. / Yr.) | 42. PSI Due (Mo. / Da. / Yr.) | 43. Appropriation Number |
|---|---|---|---|---|---|
| 05 1 | $ [illegible] | SC | [illegible] / [illegible] / 57 | [illegible] / 21 / 5[illegible] | [illegible] 202 20 |

44. Remarks

30 SEP [illegible]

FORM NO. 1150
MAR 57

SECRET

(4)

14-00000

STANDARD FORM 50 (8 PART)
REV APRIL 1951
PROMULGATED BY
U.S. CIVIL SERVICE COMMISSION
CHAPTER R1 FEDERAL PERSONNEL MANUAL

CENTRAL INTELLIGENCE AGENCY

F.C. 9 Nov 56
0-5481 ajw

# NOTIFICATION OF PERSONNEL ACTION

| 1. NAME | 2. DATE OF BIRTH | 3. JOURNAL OR ACTION NO. | 4. DATE |
|---|---|---|---|
| MR. JAMES B. WILCOTT, JR. 125798 | 27 Sep 1931 | | 4 Mar 1957 |

*This is to notify you of the following action affecting your employment:*

| 5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) | 6. EFFECTIVE DATE | 7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY |
|---|---|---|
| Excepted Appointment 13 | 4 Mar 1957 | 50 USCA 403 J |

| FROM | | TO |
|---|---|---|
| | 8. POSITION TITLE | Fiscal Acct Clerk X-30.01-4 |
| | 9. SERVICE, SERIES, GRADE, SALARY | GS-0501.04-4 $3415.00 per annum |
| | 10. ORGANIZATIONAL DESIGNATIONS 380273 | DDS/Office of Comptroller<br>Fiscal Division<br>Accounts Branch<br>Allotment Ledger Section |
| | 11. HEADQUARTERS 2 | Washington, D. C. |
| FIELD / DEPARTMENTAL | 12. FIELD OR DEPT'L | FIELD / DEPARTMENTAL X |

13. VETERAN'S PREFERENCE: NONE | WWII | OTHER | 5-PT. | 10-POINT (DISAB / OTHER) — X

14. POSITION CLASSIFICATION ACTION: NEW | VICE | I. A. | REAL. — SD/SP

1 15. SEX: M | 16. APPROPRIATION FROM / TO: 7-6303-20 750-13 | 17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO): Yes | 18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY): 4 Mar 1957 | 19. LEGAL RESIDENCE: CLAIMED / PROVED; STATE:

20. REMARKS.

Subject to the satisfactory completion of a trial period of one year.
Subject to the satisfactory completion of a medical examination.
RC-135

DOG 03/04/57
CSEOD 03/04/57
LCD 03/04/57
SCD 06/26/53

2 EOD 03/04/57

PSI due 03/03/58

POSTED
6 MAR 1957

ENTRANCE PERFORMANCE RATING:

(SIGNATURE OR OTHER AUTHENTICATION)

Director of Personnel

U. S. GOVERNMENT PRINTING OFFICE: 1955 - 350300

4. PERSONNEL FOLDER COPY

??? 3/4/57

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025798

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| Wilcott, James B., Jr. | 27 Sep 31 | M | GS-07 | SF |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Fiscal Acct Asst | DDP/WH/C | JMWAVE |

| 9. CHECK (X) TYPE OF APPOINTMENT | | | 10. CHECK (X) TYPE OF REPORT | |
|---|---|---|---|---|
| CAREER | RESERVE | TEMPORARY | INITIAL | REASSIGNMENT SUPERVISOR |
| CAREER-PROVISIONAL (See instructions - Section C) | | | ANNUAL | REASSIGNMENT EMPLOYEE |
| SPECIAL (Specify): | | | SPECIAL (Specify): Resignation | |

| 11. DATE REPORT DUE IN O.P. | 12. REPORTING PERIOD (From- to-) |
|---|---|
| | 26 Apr 65 - 15 Apr 66 |

## SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: Lists, computes and verifies four cover companies commercial payrolls involving approximately 200 persons. Prepares and verifies all salary checks. An accounting machine is used for payrolling | A |
| SPECIFIC DUTY NO. 2: Maintains both overt commercial and covert pay records, files, etc. for staff employees, staff agents, contract employees and agents. Maintains leave records for WAE contract employees and all staff personnel | W |
| SPECIFIC DUTY NO. 3: Responsible for timely payment of monthly tax deposits and preparation of the quarterly Federal Withholding and Social Security tax returns of the cover companies | A |
| SPECIFIC DUTY NO. 4: Initiates dispatches and cables to Headquarters and Field Stations on all matters pertaining to pay, leave and payroll deductions of staff employees, staff agents and contract employees and agents | A |
| SPECIFIC DUTY NO. 5: | |
| SPECIFIC DUTY NO. 6: | |

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: A

FORM 45 (4-65) USE PREVIOUS EDITIONS. SECRET

SECRET
(When Filled In)

**SECTION C** — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

OFFICE OF PERSONNEL
JUL 15 10 37 AM '66

During the period Subject was in charge of the Payroll Section at JMWAVE his performance was, in the rater's opinion, not more than adequate. He apparently was of the opinion that being in charge of a section relieved him of the onerous tasks of filing and other related duties of like nature. As far as meeting the payroll deadlines Subject was proficient in this duty, but he normally required considerable amount of overtime work to meet these deadlines. He had many ideas which he presented to Chief, Finance Branch for betterment of the payrolling system, but unfortunately after due consideration the majority of these ideas were found to be impractical and/or in violation of either good accepted commercial practice or Agency regulations. Suggestions made to him were outwardly accepted but upon follow-up it was determined that he had failed to implement these suggestions. Overall it is the rater's opinion that the Subject was barely adequate in performing his assigned tasks.

**SECTION D** — **CERTIFICATION AND COMMENTS**

1. **BY EMPLOYEE**

*I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT*

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| | |

2. **BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
|---|---|---|
| 12 months | Subject departed the Station without seeing this Report. | |
| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
| 17 Jun 1966 | Chief, Finance Branch | /s/ H. Robert Graham |

3. **BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

Subject resigned and departed the Station rather suddenly and before there was an opportunity to observe his performance. The supervisor has made a careful evaluation with which I concur.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 6 July 1966 | Deputy Chief for Support | /s/ William A. Jewett |

SECRET

REVIEWED BY:

**SECRET**
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025798

## SECTION A — GENERAL

| | | | | | |
|---|---|---|---|---|---|
| 1. NAME (Last) (First) (Middle) | WILCOTT, James B, Jr. | 2. DATE OF BIRTH: 27 Sep 1931 | 3. SEX: M | 4. GRADE: GS-07 | 5. SD: SF |
| 6. OFFICIAL POSITION TITLE | Finance Assistant | 7. OFF/DIV/BR OF ASSIGNMENT: Fin/CFD/C&TAB | 8. CURRENT STATION: Wash., D. C. | | |

9. CHECK (X) TYPE OF APPOINTMENT

| | | | | | |
|---|---|---|---|---|---|
| X | CAREER | | RESERVE | | TEMPORARY |
| | CAREER-PROVISIONAL (See instructions - Section C) | | | | |
| | SPECIAL (Specify): | | | | |

10. CHECK (X) TYPE OF REPORT

| | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT SUPERVISOR |
| | ANNUAL | X | REASSIGNMENT EMPLOYEE |
| | SPECIAL (Specify): | | |

11. DATE REPORT DUE IN O.P.: ASAP

12. REPORTING PERIOD (From- to-): 11 Oct. 1964 - 25 April 1965

## SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| SPECIFIC DUTY | RATING LETTER |
|---|---|
| SPECIFIC DUTY NO. 1: Analyzing Payroll Accounts | P |
| SPECIFIC DUTY NO. 2: Reconciling Tax and Retirement Accounts | P |
| SPECIFIC DUTY NO. 3: Computing Staff and Career Agents' Pay and Allowances | P |
| SPECIFIC DUTY NO. 4: Conducting Liaison with our Division regarding Payroll matters. | P |
| SPECIFIC DUTY NO. 5: Preparing Correspondence | A |
| SPECIFIC DUTY NO. 6: Maintaining Leave records and Agents' Pay Files | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

5 MAY 1965

FORM 45 OBSOLETE PREVIOUS EDITIONS.

**SECRET**

SECRET
(When Filled In)

OFFICE OF PERSONNEL
MAY 1965
MAIL ROOM

**SECTION C** — **NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

In the six months that Mr. Wilcott was assigned to the Staff Agents Accounts Section, he demonstrated the ability to accept responsibilities and responded well to all work assignments. Mr. Wilcott was a great help in reconciling and analyzing Payroll, Tax, and Retirement accounts. He worked well with his associates and had a good disposition. Mr. Wilcott is very cooperative and dependable.

This employee did not have any supervisory responsibilities and, therefore, is not being rated on Cost Consciousness.

**SECTION D** — **CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

*I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT*

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 30 April 1965 | |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
|---|---|---|
| 6 | Employee had departed for PCS prior to this date. | |
| **DATE** | **OFFICIAL TITLE OF SUPERVISOR** | **TYPED OR PRINTED NAME AND SIGNATURE** |
| 30 April 1965 | Chief, Staff Agents Accts. Sec. | JOSEPH H. HUDSON (signed) |

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

I concur.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 30 April 1965 | Chief, Compensation and Tax Div. | Murray F. Strickland (signed) |

SECRET

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025798

## SECTION A — GENERAL

| | | | | |
|---|---|---|---|---|
| 1. NAME (Last) (First) (Middle): Wilcott, James B. Jr | 2. DATE OF BIRTH: 27 Sep 31 | 3. SEX: M | 4. GRADE: GS-07 | 5. SD: SP |
| 6. OFFICIAL POSITION TITLE: Fiscal Acct Asst | 7. OFF/DIV/BR OF ASSIGNMENT: DDP/FE/JKO | | 8. CURRENT STATION: Tokyo | |

9. CHECK (X) TYPE OF APPOINTMENT
- X CAREER
- RESERVE
- TEMPORARY
- CAREER-PROVISIONAL (See instructions - Section C)
- SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT
- INITIAL
- REASSIGNMENT SUPERVISOR
- X ANNUAL
- REASSIGNMENT EMPLOYEE
- SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.: 31 Aug 64

12. REPORTING PERIOD (From- to-): 1 July 1963 - 30 June 1964

## SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U.S. dollars, MPC). | P |
| SPECIFIC DUTY NO. 2: Consolidates all Station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3: Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | P |
| SPECIFIC DUTY NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | P |
| SPECIFIC DUTY NO. 5: Maintains statistical records on private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6: Advises TDY travelers of their entitlements, audits the travel vouchers, and performs other related duties as assigned by the Finance Officer. | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

15 JUL 1964

FORM 45 (4-62) OBSOLETE PREVIOUS EDITIONS.

SECRET

SECRET
(When Filled In)

| SECTION C | NARRATIVE COMMENTS | OFFICE OF PERSONNEL |
|---|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

JUL 9 9 44 AM '64

Subject has performed his duties in a competent manner. Handling huge sums of money with few errors, and maintains the necessary statistical records.

Cost consciousness and management of organization assets does not apply to this position.

| SECTION D | CERTIFICATION AND COMMENTS | |
|---|---|---|
| 1. | BY EMPLOYEE | |
| | I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | |
| DATE: 9 Jun 64 | SIGNATURE OF EMPLOYEE: /s/ James Wilcott | |
| 2. | BY SUPERVISOR | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 23 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE: 9 Jun 64 | OFFICIAL TITLE OF SUPERVISOR: Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE: /s/ Frank Wells |
| 3. | BY REVIEWING OFFICIAL | |

COMMENTS OF REVIEWING OFFICIAL

Subject has held the position of Finance Disbursing Officer since his arrival at Tokyo Station in May 1960. He has performed well in a function for which he had no previous experience or training. With a realignment of the office workload in December he was given the additional responsibility of processing TDY travel. Due to his specialized work, he has not had the opportunity to be trained in other facets of finance work. He has been scheduled for Finance training upon his return to Headquarters in July 1964.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 7 Jun 64 | Finance Officer | /s/ Jack Randall |

SECRET

14-00000

CONFIDENTIAL

FJTT 10,374, 31 May 63

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 025798

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| WILCOTT, JAMES B. JR. | 27 Sept 31 | M | GS-6 | SF |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| FISCAL ACCT ASST | DDP/FE/JKO | Tokyo |

9. CHECK (X) TYPE OF APPOINTMENT: CAREER / RESERVE / TEMPORARY / CAREER-PROVISIONAL (See instructions - Section C) / SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL / REASSIGNMENT SUPERVISOR / X ANNUAL / REASSIGNMENT EMPLOYEE / SPECIAL (Specify):

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 1 Jul 62 - 30 Jun 63

## SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: As Station Cashier, responsible for the daily receipt and disbursement of cash (Japanese yen, U. S. dollars, MPC). | P |
| SPECIFIC DUTY NO. 2: Consolidates all Station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3: Summarizes all Station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | P |
| SPECIFIC DUTY NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | P |
| SPECIFIC DUTY NO. 5: Maintains statistical records on all private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6: Performs other related duties as assigned by the Finance Officer. | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER: P

20 JUN 1963

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GROUP 1 Excluded from automatic downgrading and declassification

14-00000

SECRET
(When Filled In)

| SECTION C | NARRATIVE COMMENTS |
|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

JUN 17 3 38 PM '63
MAIL ROOM

Subject is conscientious, industrious, and willing to accept all responsibility assigned him. He has performed his duties in a competent manner and has shown a marked interest in learning all facets of his job. Subject at times gives the impression (whether warranted or not) of being uncertain in his thinking, and he does not always seem to exercise his best judgment in reaching decisions, but he is striving to eradicate this impression.

| SECTION D | CERTIFICATION AND COMMENTS | |
|---|---|---|
| 1. | BY EMPLOYEE | |
| | I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | |
| DATE: 21 May 1963 | SIGNATURE OF EMPLOYEE: /S/ James B. Wilcott | |
| 2. | BY SUPERVISOR | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: 33 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE: 21 May 1963 | OFFICIAL TITLE OF SUPERVISOR: Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE: /S/ Clarence Norment III |
| 3. | BY REVIEWING OFFICIAL | |

COMMENTS OF REVIEWING OFFICIAL

Concur in the evaluation.

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 21 May 1963 | Adm Officer | /S/ Douglas S. Trabue |

SECRET

CONFIDENTIAL

14-00000

REVIEWED BY:
[signature]
of Career Service Board

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER
025778

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE | 5. SD |
|---|---|---|---|---|
| WILCOTT, James B. | 27 Sept 31 | M | GS-6 | SF |

| 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT | 8. CURRENT STATION |
|---|---|---|
| Fiscal Acct Asst. | FE/Tokyo | Tokyo |

9. CHECK (X) TYPE OF APPOINTMENT: CAREER / RESERVE / TEMPORARY / CAREER-PROVISIONAL (See Instructions - Section C) / SPECIAL (Specify):

10. CHECK (X) TYPE OF REPORT: INITIAL / X ANNUAL / SPECIAL (Specify): / REASSIGNMENT SUPERVISOR / REASSIGNMENT EMPLOYEE

11. DATE REPORT DUE IN O.P.:

12. REPORTING PERIOD (From- to-): 1 Apr 61 - 30 June 62

## SECTION B — PERFORMANCE EVALUATION

W - Weak: Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.

A - Adequate: Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.

P - Proficient: Performance is more than satisfactory. Desired results are being produced in a proficient manner.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

### SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| Specific Duty | Rating Letter |
|---|---|
| SPECIFIC DUTY NO. 1: Station cashier responsible for the day to day receipt and disbursement of cash. | P |
| SPECIFIC DUTY NO. 2: Consolidates all station cash transactions to one voucher and verifies balance daily. | P |
| SPECIFIC DUTY NO. 3: Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | S |
| SPECIFIC DUTY NO. 4: Polices individual housing and vehicle advance accounts and audits related accountings. | S |
| SPECIFIC DUTY NO. 5: Maintains statistical records on all private rentals by individual house and cost center. | P |
| SPECIFIC DUTY NO. 6: Performs other related duties as assigned by the Finance Officer. | P |

### OVERALL PERFORMANCE IN CURRENT POSITION

| | Rating Letter |
|---|---|
| Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance. | P |


GROUP 1 Excluded from automatic downgrading and declassification

SECRET
(When Filled In)

| SECTION C | NARRATIVE COMMENTS |
|---|---|

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

3 05 PM '62

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

| SECTION D | CERTIFICATION AND COMMENTS | |
|---|---|---|
| 1. | BY EMPLOYEE | |
| | I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT | |
| DATE<br>19 July 1962 | SIGNATURE OF EMPLOYEE<br>James B. Wilcott /s/ | |
| 2. | BY SUPERVISOR | |
| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION<br>25 | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION | |
| DATE<br>17 July 1962 | OFFICIAL TITLE OF SUPERVISOR<br>Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE<br>Elwood Martin |
| 3. | BY REVIEWING OFFICIAL | |
| COMMENTS OF REVIEWING OFFICIAL | | |
| DATE<br>17 July 1962 | OFFICIAL TITLE OF REVIEWING OFFICIAL<br>Finance Officer | TYPED OR PRINTED NAME AND SIGNATURE<br>Clarence F. Norment |

SECRET

14-00000

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 525798

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| WILCOTT, James B | 27 Sept 1931 | M | GS-05 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| SF | Fiscal Acct. Asst. | Tokyo Station |

8. CAREER STAFF STATUS: NOT ELIGIBLE / MEMBER / DEFERRED / PENDING / DECLINED / DENIED

9. TYPE OF REPORT: INITIAL / REASSIGNMENT/SUPERVISOR / X ANNUAL / REASSIGNMENT/EMPLOYEE / SPECIAL (Specify)

10. DATE REPORT DUE IN O.P.: 31 May 1961

11. REPORTING PERIOD (From) (To): 27 May 60 to 31 Mar 61

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding

| Specific Duty | Rating No. | Specific Duty | Rating No. |
|---|---|---|---|
| SPECIFIC DUTY NO. 1 Station cashier responsible for the day to day receipt and disbursement of cash. | 4 | SPECIFIC DUTY NO. 4 Polices individual housing and vehicle advance accounts and audits related accountings. | 4 |
| SPECIFIC DUTY NO. 2 Consolidates all station cash transactions to one voucher and verifies balance daily. | 4 | SPECIFIC DUTY NO. 5 Maintains statistical records on all private rentals by individual house and cost center. | 4 |
| SPECIFIC DUTY NO. 3 Summarizes all station transactions for off-base housing and vehicle expenditures into monthly accountings and maintains appropriate subsidiary records. | 5 | SPECIFIC DUTY NO. 6 Performs other related duties as assigned by the Finance Officer. | 4 |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 4

## SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree

| CHARACTERISTICS | NOT APPLICABLE | NOT OBSERVED | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| GETS THINGS DONE | | | | | | X | |
| RESOURCEFUL | | | | | | X | |
| ACCEPTS RESPONSIBILITIES | | | | | X | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | X | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | X | | | | | | |
| WRITES EFFECTIVELY | X | | | | | | |
| SECURITY CONSCIOUS | | | | | X | | |
| THINKS CLEARLY | | | | | | X | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | | X | |
| OTHER (Specify): | | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

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14-00000

SECRET
(When Filled In)

**SECTION E — NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject is conscientious, industrious, and willing to accept all responsibility given him. He has performed capably in a function for which he had no previous experience or training, and has shown a marked interest in learning all facets of his job. He has handled large sums of money with few errors, and maintains the necessary statistical records in a competent manner.

JUN 20 11 20 AM '61
MAIL ROOM

Subject should strive to develop more confidence in himself and in his ability to perform the duties assigned him. His lack of assurance and his naiveté are sometimes disconcerting to those with whom he deals.

This report has been prepared in accordance with F E Division standards which recognize the principle of rating the individual against the group. Thus an 'average' rating reflects an entirely satisfactory performance.

**SECTION F — CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

*I certify that I have seen Sections A, B, C, D and E of this Report.*

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 3 May 1961 | James B. Wilcott (Signed) |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 8 | |

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

- [ ] EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS
- [ ] REPORT MADE WITHIN LAST 90 DAYS
- [ ] OTHER (Specify):

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 3 May 1961 | | Elwood Martin |

**3. BY REVIEWING OFFICIAL**

- [X] I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- [ ] I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 3 May 1961 | | Clarence Norment |

SECRET

REVIEWED BY: [signature]
SP CAREER SERVICE BOARD

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| Wilcott, James B. Jr. | 27 September 1931 | M | 5-3 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| SP | Fiscal Accountant Clerk | Compt/Finance/Accts |

8. CAREER STAFF STATUS

| | | | | | |
|---|---|---|---|---|---|
| X | NOT ELIGIBLE | | MEMBER | | DEFERRED |
| | PENDING | | DECLINED | | DENIED |

9. TYPE OF REPORT

| | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT/SUPERVISOR |
| X | ANNUAL | | REASSIGNMENT/EMPLOYEE |

| 10. DATE REPORT DUE IN O.P. | 11. REPORTING PERIOD From To | SPECIAL (Specify) |
|---|---|---|
| 30 April 1960 | 1 APR 59 - 31 MAR 60 | |

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding |
|---|---|---|---|---|---|---|

| SPECIFIC DUTY | RATING NO. | SPECIFIC DUTY | RATING NO. |
|---|---|---|---|
| SPECIFIC DUTY NO. 1 Responsible for numbering, removing attachments, batching and totaling confidential funds posting vouchers to be processed by Machine | | SPECIFIC DUTY No. 1 (continued) Records Division | 4 |
| SPECIFIC DUTY NO. 2 Responsible for verifying the daily expenditure listing totals with the expended general ledger accounts. | 4 | SPECIFIC DUTY NO. 5 | |
| SPECIFIC DUTY NO. 3 Responsible for matching the attachments to the vouchers and filing when vouchers are returned from Machine Records Division. | 4 | SPECIFIC DUTY NO. 6 | |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO. 4

## SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree |
|---|---|---|---|---|

| CHARACTERISTICS | NOT APPLICABLE | NOT OBSERVED | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| GETS THINGS DONE | | | | | | X | |
| RESOURCEFUL | | | | | X | | |
| ACCEPTS RESPONSIBILITIES | | | | | X | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | X | | | | | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | | X | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X | | |
| WRITES EFFECTIVELY | X | | | | | | |
| SECURITY CONSCIOUS | | | | | | X | |
| THINKS CLEARLY | | | | | | X | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | X | | | | | | |
| OTHER (Specify): | | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

14-00000

**SECRET**
(When Filled In)

**SECTION E** — **NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

Subject has accepted a field assignment effective in June.

The position to which subject has been assigned is very repetitious and not at all conducive to disclosing his full ~~potential~~. However, by the way in which he adapted to Duty No. 2, it is felt that he will be able to perform more responsible duties with a minimum of additional training.

He has an extremely good attitude toward his work and responds well to supervision.

1960 APR 21 PM 12

This report has been prepared in accordance with the criteria set forth in Comptroller Instruction No. 77 which are designed to reflect realistic and meaningful ratings and fair comparisons between the employee and his fellow workers of equal [illegible] or responsibility. An "average" rating reflects an entirely satisf[illegible]

**SECTION F** — **CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

*I certify that I have seen Sections A, B, C, D and E of this Report.*

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| 18 April 1960 | James E. Willett Jr. |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 12 Months | |

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

- [ ] EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS
- [ ] REPORT MADE WITHIN LAST 90 DAYS
- [ ] OTHER (Specify):

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 18 April 1960 | C/Voucher Review Unit | Louise H. Simpson (signed) Louise H. Simpson |

**3. BY REVIEWING OFFICIAL**

- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
- [ ] I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
- [ ] I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| 4/18/60 | DC/Accounts Branch | (signed) M. F. Strickland |

**SECRET**

14-00000

REVIEWED BY: [signature]
OF CAREER SERVICE BOARD

SECRET
(When Filled In)

# FITNESS REPORT

EMPLOYEE SERIAL NUMBER: 125798

## SECTION A — GENERAL

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. GRADE |
|---|---|---|---|
| Wilcott, Jr. James B. | 27 Sept. 1931 | M | GS-5 |

| 5. SERVICE DESIGNATION | 6. OFFICIAL POSITION TITLE | 7. OFF/DIV/BR OF ASSIGNMENT |
|---|---|---|
| SP | Time Leave Pay Clerk | Compt/ Finance Division |

8. CAREER STAFF STATUS

| | | | | | |
|---|---|---|---|---|---|
| X | NOT ELIGIBLE | | MEMBER | | DEFERRED |
| | PENDING | | DECLINED | | DENIED |

9. TYPE OF REPORT

| | | | |
|---|---|---|---|
| | INITIAL | | REASSIGNMENT/SUPERVISOR |
| X | ANNUAL | | REASSIGNMENT/EMPLOYEE |
| | SPECIAL (Specify) | | |

| 10. DATE REPORT DUE IN O.P. | 11. REPORTING PERIOD From To |
|---|---|
| 30 April 1959 | 1 Apr 58 - 31 Mar 59 |

## SECTION B — EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise *(indicate number of employees supervised).*

| 1 - Unsatisfactory | 2 - Barely adequate | 3 - Acceptable | 4 - Competent | 5 - Excellent | 6 - Superior | 7 - Outstanding |
|---|---|---|---|---|---|---|

| SPECIFIC DUTY | RATING NO. | SPECIFIC DUTY | RATING NO. |
|---|---|---|---|
| NO. 1 Fundamental of Payroll | 3 | NO. 4 Conducting liaison with Area divisions on payroll problems | 3 |
| NO. 2 Preparation of all payroll documents considering base and premium pay and allowances | 3 | NO. 5 Application of Agency pay regulations | 4 |
| NO. 3 Maintaining of leave records | 3 | NO. 6 Processing of checks | 4 |

## SECTION C — EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

1 - Performance in many important respects fails to meet requirements.
2 - Performance meets most requirements but is deficient in one or more important respects.
3 - Performance clearly meets basic requirements.
4 - Performance clearly exceeds basic requirements.
5 - Performance in every important respect is superior.
6 - Performance in every respect is outstanding.

RATING NO.: 3

## SECTION D — DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to the employee

| 1 - Least possible degree | 2 - Limited degree | 3 - Normal degree | 4 - Above average degree | 5 - Outstanding degree |
|---|---|---|---|---|

| CHARACTERISTICS | NOT APPLICABLE | NOT OBSERVED | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| GETS THINGS DONE | | | | | X | | |
| RESOURCEFUL | | | | | X | | |
| ACCEPTS RESPONSIBILITIES | | | | | X | | |
| CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES | | | | | X | | |
| DOES HIS JOB WITHOUT STRONG SUPPORT | | | | | X | | |
| FACILITATES SMOOTH OPERATION OF HIS OFFICE | | | | | X | | |
| WRITES EFFECTIVELY | | | | | X | | |
| SECURITY CONSCIOUS | | | | | X | | |
| THINKS CLEARLY | | | | | X | | |
| DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS | | | | | X | | |
| OTHER (Specify): | | | | | | | |

SEE SECTION "E" ON REVERSE SIDE

FORM 8-58 45 OBSOLETE PREVIOUS EDITIONS. SECRET (4)

SECRET
(When Filled In)

**SECTION E** — **NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE**

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

MAR 16 2 19 PM '59

Mr. Wilcott is a genial and cooperative [illegible] liked and gets along with people. He does get his work out in the required time but more stress should be put on accuracy. He is capable of more efficient work than he is doing at the present time. He does [illegible] supervision.

MAIL ROOM

He does not abuse his leave privileges and as a whole, has a favorable attitude toward his work and the Agency.

**SECTION F** — **CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

*I certify that I have seen Sections A, B, C, D and E of this Report.*

| DATE | SIGNATURE OF EMPLOYEE |
|---|---|
| March 10, 1959 | James O. Wilcott Jr. [signature] |

**2. BY SUPERVISOR**

| MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION | IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION |
|---|---|
| 3 | [redacted] |

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

| | | | |
|---|---|---|---|
| | EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS | | REPORT MADE WITHIN LAST 90 DAYS |
| | OTHER (Specify): | | |

| DATE | OFFICIAL TITLE OF SUPERVISOR | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| March 10, 1959 | Time, Leave, Pay Supv. | Ann C. Robbins [signature] |

**3. BY REVIEWING OFFICIAL**

| | |
|---|---|
| X | I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. |
| | I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. |
| | I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE. |

COMMENTS OF REVIEWING OFFICIAL

| DATE | OFFICIAL TITLE OF REVIEWING OFFICIAL | TYPED OR PRINTED NAME AND SIGNATURE |
|---|---|---|
| March 1[illegible], 1959 | A/C, Staff Employees Accts. Sect. | Addie B. Lewis [signature] |

SECRET

SECRET
(When Filled In)

# FITNESS REPORT (Part I) - PERFORMANCE

**INSTRUCTIONS**

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR. This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section "A" below.

**SECTION A. GENERAL**

| 1. NAME (Last) (First) (Middle) | 2. DATE OF BIRTH | 3. SEX | 4. SERVICE DESIGNATION |
|---|---|---|---|
| Wilcott, James B. | 27 Sept. 1931 | M | SF |

| 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT | 6. OFFICIAL POSITION TITLE |
|---|---|
| Comptroller - Fiscal Division | Fiscal Acct. Clerk |

| 7. GRADE | 8. DATE REPORT DUE IN OP | 9. PERIOD COVERED BY THIS REPORT (Inclusive dates) |
|---|---|---|
| GS-5 | 4 December 1957 | 4 March 1957 - 4 December 1957 |

| 10. TYPE OF REPORT (Check one) | | | |
|---|---|---|---|
| X | INITIAL | REASSIGNMENT-SUPERVISOR | SPECIAL (Specify) |
| | ANNUAL | REASSIGNMENT-EMPLOYEE | |

**SECTION B. CERTIFICATION**

1. FOR THE RATER: THIS REPORT [ ] HAS [ ] HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:

A. CHECK (X) APPROPRIATE STATEMENTS:

| | | | |
|---|---|---|---|
| X | THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. | | IF INDIVIDUAL IS RATED "1" IN C1 OR D, A WARNING LETTER WAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT. |
| | THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. | | I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify): |
| X | I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS. | | |

| B. THIS DATE | C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR | D. SUPERVISOR'S OFFICIAL TITLE |
|---|---|---|
| 5 Dec. 1957 | Ben H. Marion *Ben H Marion* | Deputy Chief, Accounting Br. |

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

| | BY | DATE |
|---|---|---|
| Posted Pos. Control | *[illegible]* | *10 Jan 57* |
| Reviewed by P.C. | *WHD* | *1/14/57* |

[ ] CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

| A. THIS DATE | B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL | C. OFFICIAL TITLE OF REVIEWING OFFICIAL |
|---|---|---|
| 5 Dec. 1957 | R. W. Grandstaff *[signature]* | Chief, Accounting Branch |

**SECTION C. JOB PERFORMANCE EVALUATION**

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

INSERT RATING NUMBER: 4

1 - DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
2 - BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3 - PERFORMS MOST OF HIS DUTIES ACCEPTABLY. OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4 - PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5 - A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6 - PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS: Mr. Wilcott is very industrious and accepts his assignments without hesitation.

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(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
b. Rate performance on each specific duty considering ONLY effectiveness in performance of that specific duty.
c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
f. Be specific. Examples of the kind of duties that might be rated are:

| | | |
|---|---|---|
| ORAL BRIEFING | HAS AND USES AREA KNOWLEDGE | CONDUCTS INTERROGATIONS |
| GIVING LECTURES | DEVELOPS NEW PROGRAMS | PREPARES SUMMARIES |
| CONDUCTING SEMINARS | ANALYZES INDUSTRIAL REPORTS | TRANSLATES GERMAN |
| WRITING TECHNICAL REPORTS | MANAGES FILES | DEBRIEFING SOURCES |
| CONDUCTING EXTERNAL LIAISON | OPERATES RADIO | KEEPS BOOKS |
| TYPING | COORDINATES WITH OTHER OFFICES | DRIVES TRUCK |
| TAKING DICTATION | WRITES REGULATIONS | MAINTAINS AIR CONDITIONING |
| SUPERVISING | PREPARES CORRESPONDENCE | EVALUATES SIGNIFICANCE OF DATA |

g. For some jobs, duties may be broken down even further if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

OFFICE ... MAIL ROOM
DEC 6 4 27 PM '57

DESCRIPTIVE RATING NUMBER

1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY
2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY
3 - PERFORMS THIS DUTY ACCEPTABLY
4 - PERFORMS THIS DUTY IN A COMPETENT MANNER
5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB
6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY

| Specific duty | Rating number | Specific duty | Rating number |
|---|---|---|---|
| SPECIFIC DUTY NO. 1 Records obligating instruments, supplements and adjustments relating to allotment accounting. | 4 | SPECIFIC DUTY NO. 4 Assists in the closing and reopening of the allotment ledger accounts at close of each fiscal year. | 4 |
| SPECIFIC DUTY NO. 2 Prepares current analysis of allotment ledger accounts of unliquidated obligations. | 4 | SPECIFIC DUTY NO. 5 Records liquidations and cancellations of obligations to individual allotment accounts. | 4 |
| SPECIFIC DUTY NO. 3 Checks and reconciles IBM runs of expenditures with those in the allotment ledger accounting records. | 4 | SPECIFIC DUTY NO. 6 Prepares summaries required for reconciliations and duplicate allotment records (copies) for forwarding to the various allottees. | 4 |

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

Mr. Wilcott is very anxious to prove his capabilities. Accordingly, he frequently assumes additional duties other than those assigned to him. He is very attentive to his work, is diligent in applying himself to the job, he is very quiet by nature and it is only on rare occasions that he indulges in conversation unrelated to his duties. He is attempting to become better acquainted with government accounting as has been evidenced by his enrollment in an accounting course with the Department of Agriculture School. He has made great progress in his assigned position in the Accounting Branch.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual....productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents....and how he fits in with your team. Compare him with others doing similar work of about the same level.

RATING NUMBER: 4

1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
2 - OF DOUBTFUL SUITABILITY...WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
3 - A BARELY ACCEPTABLE EMPLOYEE...BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? ☐ YES ☐ NO. IF YES, EXPLAIN FULLY: He is well suited for his present position, but has expressed a desire for an opportunity to serve in an overseas assignment, as this was a part of his ambition in seeking employment with the Agency. It is believed that he could readily adapt himself to other duties in the field of accountancy.

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Standard Form No. 2810
FPM Supplement 890-1
MAY 1964

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

# NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

GAO 3000
2810-104

## Part A —IDENTIFYING DATA

1. NAME (LAST) (FIRST) (MIDDLE INITIAL): Wilcott, James E., Jr.
2. DATE OF BIRTH: 9/27/31
3. CARRIER CONTRACT NO.: 078128
4. ADDRESS (NUMBER AND STREET): 16620 S.W. 102 Avenue
(CITY) (STATE) (ZIP CODE): Perrine, Florida
5. PAYROLL OFFICE NO.: 11239901
6. ENROLLMENT CODE NO.: 425
7. DATE THIS ACTION BECOMES EFFECTIVE: 23 April 1966

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

## Part B.—TERMINATION

[X] YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE

## Part C.—CHANGE IN PLAN

[ ] YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN

## Part D.—TRANSFER OUT

[ ] YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM)

## Part E.—TRANSFER IN

[ ] YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT

## Part F.—SUSPENSION

[ ] YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE

## Part G.—REINSTATEMENT

[ ] YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

## Part H.—CHANGE IN NAME OF ENROLLEE

[ ] THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO.

NAME — ADDRESS IF DIFFERENT FROM PART A, ITEM 4, ABOVE — DATE OF BIRTH

## Part I.—CHANGE IN ENROLLMENT—SURVIVOR ANNUITANT

[ ] YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD

YOUR NEW ENROLLMENT CODE NUMBER

(NOTE. THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

## Part J.—REMARKS

## Part K.—DATE OF NOTICE

[signature]
HEALTH BENEFITS OFFICER
(ALTERNATE)

Central Intelligence Agency
Washington 25, D. C.

NAME OF AGENCY — ADDRESS

5/20/66
DATE

SECRET

# CONTRACT INFORMATION AND CHECK LIST

INSTRUCTIONS: Use HB 20-33 and HR 20-1000-1 for guidance. Complete all items, inserting "N.A." when items are not applicable. Forward original and TWO copies for preparation of contract.

CASE OFFICER: Robert E. [illegible]

DIVISION: [illegible]

TELEPHONE EXTENSION: 6576

DATE: 26 April 19[illegible]

## SECTION I — GENERAL

1. NAME [X] PSEUDO [ ] TRUE
[redacted]
Wilcott, James B.

2A. PROJECT: WH/Cuba

2B. PERMANENT STATION: [illegible]

3. ALLOTMENT NO.: 5135-1164

3A. FUNDS: [ ] [X] [illegible]

4. SLOT NO.: 1036

5. PREVIOUS CIA PSEUDONYM OR ALIASES: None

6. INDIVIDUAL HAS BEEN ENGAGED BY CIA OR ITS ALLIED ACTIVITIES IN SOME CAPACITY PRIOR TO THIS CONTRACT. [X] YES [ ] NO *(If yes, describe and include dates and salary.)*
Staff Employee converting to Staff Agent

7. SECURITY CLEARANCE *(Type and date)*: Top Secret

7A. MEDICAL CLEARANCE: [X] OBTAINED [ ] INITIATED [ ] NOT REQ'D.

8. CONTRACT IS TO BE WRITTEN IN STERILE FORM I.E., "U.S. GOVERNMENT" [X] YES [ ] NO

9. INDIVIDUAL WILL WORK UNDER "CONTROLLED CONDITIONS" I.E., REGULAR OFFICE HOURS AWAY FROM SUBJECT'S HOME AND PERFORMED UNDER THE SUPERVISION OF A STAFF EMPLOYEE OR STAFF AGENT [X] YES [ ] NO

10. PROPOSED CATEGORY *(Contract agent, contract employee, etc.)*: Staff Agent

## SECTION II — PERSONAL DATA

11. CITIZENSHIP: U.S.A.

12. IF NOT U.S. CITIZEN, INDIVIDUAL IS A PERMANENT RESIDENT ALIEN [ ] YES [ ] NO

13. AGE: 33

14. DATE OF BIRTH *(Month, day, year)*: XX September 27, 1931

15. LEGAL RESIDENCE *(City and state or country)*: Cold Brook, N. Y.

16. CURRENT RESIDENCE *(City and state or country)*: ForestXXlle, Md.

17. MARITAL STATUS *(Check as appropriate)*: [ ] SINGLE [X] MARRIED [ ] WIDOWED [ ] ANNULLED [ ] SEPARATED [ ] DIVORCED

18. NUMBER OF DEPENDENTS *(Not including individual)* RELATIONSHIP AND AGE:
Wife 30
Son 6

19. INDIVIDUAL IS RELATED TO A STAFF EMPLOYEE, STAFF AGENT OR AN INDIVIDUAL CURRENTLY WORKING FOR THE AGENCY IN SOME CAPACITY [ ] YES [X] NO
RELATIONSHIP:

## SECTION III — U.S. MILITARY STATUS

20. RESERVE: N.A.

21. VETERAN: Yes

22. IF RETIRED, INDICATE CATEGORY *(Longevity, combat disability, service disability non-combat)*

23. BRANCH OF SERVICE: U. S. Army

24. RANK OR GRADE: Corporal

25. DRAFT ELIGIBLE [ ] YES [X] NO

26. DRAFT DEFERMENT OBTAINED BY CIA [ ] YES [ ] NO

## SECTION IV — COMPENSATION

27. BASIC SALARY: GS-07(4)

28. POST DIFFERENTIAL: N.A.

29. COVER *(Breakdown, if any)*: The gross cover compensation will be approximately the equivalent of Subject's net Agency salary. The exact amount to be determined at Finance briefing.

30. FEDERAL TAX WITHHOLDING — COVER: [X] YES [ ] NO; CIA: [X] YES [ ] NO

## SECTION V — ALLOWANCES *(NORMALLY GRANTED ONLY TO RESIDENTS OF THE UNITED STATES)*

31. QUARTERS: None

32. POST: None

33. OTHER: None

34. COVER *(Breakdown, if any)*

## SECTION VI — TRAVEL

35. TYPES: [X] PCS [X] DOMESTIC OPERATIONAL [ ] FOREIGN OPERATIONAL

36. WITH DEPENDENTS [X] YES [ ] NO

37. HHE TO BE SHIPPED: x YES x NO (Temp)

37A. HHE TO BE STORED: [ ] YES [ ] NO

38. PERSONAL VEHICLE TO BE SHIPPED: [ ] YES x NO

39. TRANSPORTED VEHICLE TO BE USED FOR OPERATIONAL TRAVEL: [ ] YES x NO

40. IF WITH DEPENDENTS STATE RELATIONSHIP, CITIZENSHIP, AGE AND DATE OF BIRTH

| | | | |
|---|---|---|---|
| Wife | U.S.A. | 30 | 9 Sept. 1934 |
| Son | U.S.A. | 6 | 16 Feb. 1959 |

41. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH [X] CIA REGULATIONS [ ] COVER POLICIES AND PROCEDURES

## SECTION VII — OPERATIONAL EXPENSES N.A.

42. PURCHASE OF INFORMATION

43. ENTERTAINMENT

44. OTHER

45. PAYMENT AND ACCOUNTABILITY WILL BE IN CONFORMANCE WITH

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# CONTRACT INFORMATION AND CHECK LIST (CONTINUED)

NOTE: SEE INSTRUCTIONS ON FIRST SHEET.

CASE OFFICER: Robert D. CASILAN
DIVISION: DDP/SH
TELEPHONE EXTENSION: 6576
DATE: 26 April 1965

**SECTION VIII — OTHER BENEFITS**

46. BENEFITS (See HR 20-44, HR 20-41, HR 20-7, HR 20-53, and HB 20-620-1, HB 20-1000-1 and/or successor regulations for benefits applicable to various categories of contract personnel.)

Entitled to all benefits of a Staff Employee

**SECTION IX — COVER ACTIVITY**

47. STATUS (Check): [ ] PROPOSED [X] ESTABLISHED

48. TYPE (Check): [ ] PROPRIETARY [ ] SUBSIDIZED [ ] CULTURAL [ ] EDUCATIONAL [X] COMMERCIAL [ ] MILITARY [ ] TOURIST [ ] OTHER

49. IF COVER PAYMENTS ARE CONTEMPLATED, THEY WILL BE EFFECTED ON REIMBURSABLE BASIS: [ ] YES [X] NO [ ] COMPLETE [ ] PARTIAL

**SECTION X — OFFSET OF INCOME**

50. OFFSET OF INCOME AND OTHER EMOLUMENTS DERIVED FROM COVER ACTIVITIES (If less than total, justify in separate memo attached hereto.) [X] TOTAL [ ] PARTIAL [ ] NONE

**SECTION XI — TERM**

51. DURATION: DAYS / MONTHS / YEARS

52. EFFECTIVE DATE

53. RENEWABLE: [ ] YES [ ] NO

54. TERMINATION NOTICE (Number of days)

55. FORFEITURE OF RETURN TRAVEL FOR RESIGNATION PRIOR TO CONTRACT TERMINATION: [ ] YES [ ] NO

**SECTION XII — FUNCTION**

56. PRIMARY FUNCTION (CI, FI, PP, other)

Support - Finance

**SECTION XIII — DUTIES**

57. GENERAL DESCRIPTION OF DUTIES TO BE PERFORMED

Fiscal Accounting Assistant

**SECTION XIV — QUALIFICATIONS**

58. EXPERIENCE

EOD CIA as Staff Employee 4 March 1957

59. EDUCATION (Check Highest Level Attained): [ ] GRADE SCHOOL [ ] HIGH SCHOOL GRADUATE [ ] TRADE SCHOOL GRADUATE [ ] BUSINESS SCHOOL GRADUATE [ ] COMMERCIAL SCHOOL GRADUATE [X] COLLEGE (No degree) [ ] COLLEGE DEGREE [ ] POST GRADUATE [ ] MA [ ] PHD

60. LANGUAGE COMPETENCY (Check Appropriate Degree Competency)

| LANGUAGE | SPEAK: FLUENT | SPEAK: AVERAGE | SPEAK: POOR | WRITE: FLUENT | WRITE: AVERAGE | WRITE: POOR | READ: FLUENT | READ: AVERAGE | READ: POOR |
|---|---|---|---|---|---|---|---|---|---|
| German | | | x | | | x | | | x |
| Japanese | | | x | | | x | | | x |

61. INDIVIDUAL'S COUNTRY OF ORIGIN: U.S.A.

62. AREA KNOWLEDGE

Okinawa, Japan

**SECTION XV — EMPLOYMENT PRIOR TO CIA**

63. GIVE INCLUSIVE DATES, POSITION TITLE OR TYPE WORK, SALARY AND REASON FOR LEAVING

Dec. 1948 - March 1957 - U. S. Army

**SECTION XVI — ADDITIONAL INFORMATION**

64. ADDITIONAL OR UNUSUAL REQUIREMENTS, JUSTIFICATIONS OR EXPLANATIONS (Use other side if necessary)

Social Security No. 103-24-6095

[ ] OVER

**APPROVAL**

DATE | TYPED NAME & SIGNATURE OF REQUESTING OPERATING OFFICIAL | DATE | TYPED NAME & SIGNATURE OF CONTRACT APPROVING OFFICER

14-00000

Standard Form No. 2809
CHAPTER 1-5 F.P.M.
6 GAO 5000

# HEALTH BENEFITS REGISTRATION FORM 6781

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Read Instructions on back of last page. Use only typewriter or ballpoint pen.)

CARRIER'S CONTROL NO. 078128

## PART A
ALL WHO REGISTER MUST FILL IN THIS PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL): Wilcott James B., Jr.

2. DATE OF BIRTH (Use numbers): MONTH 9 DAY 27 YEAR 31

3. Are you now married? YES [X] 1 NO [ ] 2

4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE)

5. SEX: MALE [X] 1 FEMALE [ ] 2

6. Are you covered by, or is any family member listed below covered by an enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES [ ] NO [X]

7. Place an "X" in proper box to show your annual basic salary range.
UNDER $4,000 [ ] 1 $4,000 TO $5,999 [X] 2 $6,000 TO $9,999 [ ] 3 $10,000 OR OVER [ ] 4

## PART B
FILL IN THIS PART IF YOU WISH TO ENROLL IN A HEALTH BENEFITS PLAN.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)

| NAME OF PLAN | OPTION (HIGH OR LOW) | ENROLLMENT CODE NUMBER |
|---|---|---|
| Association Benefit | Low | 1 2 5 |

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)

| NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | | NAMES OF FAMILY MEMBERS | DATE OF BIRTH (Month, Day, Year) | |
|---|---|---|---|---|---|
| Wife or Husband Elsie Louise | 9 9 31 | 1 | | | 6 |
| Steven James (son) | 2 16 59 | 2 | | | 7 |
| | | 3 | | | 8 |
| | | 4 | | | 9 |
| | | 5 | | | 10 |

THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.

3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES [ ] NO [ ]

## PART C
FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.

1. I elect not to enroll in any plan under the Health Benefits Act. [ ]

2. I elect to cancel my present enrollment under the Health Benefits Act. [ ]

3. The reason for my election is (Place an "X" in proper box):
(a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. [ ] 1
(b) I am covered by a health insurance plan which is not under the Health Benefits Act. [ ] 2
(c) Any other reason. [ ] 3

## PART D
FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B.

1. Enrollment code number of present plan.
2. Number of event which permits change. (See table on back of duplicate for proper number.)
3. Date of event which permits change. MONTH DAY YEAR

## PART E
ALL WHO REGISTER MUST FILL IN THIS PART

James B. Wilcott Jr. 6/1/60
YOUR SIGNATURE—DO NOT PRINT (DATE)

WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than $10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

## PART F
TO BE COMPLETED BY AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE

(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)

2. DATE RECEIVED IN EMPLOYING OFFICE: 1/4/..

3. EFFECTIVE DATE OF ELECTION: 7/../60

4. PAYROLL OFFICE NO.

5. PAYROLL ACTION (INITIALS AND DATE)

## REMARKS
FOR USE ONLY BY ANNUITANTS AND AGENCY.

FE/Tokyo 535772

Triplicate—To Employing Office

APRIL 1960

11367

14-00000

STANDARD FORM 61
REVISED MARCH 1956
U. S. CIVIL SERVICE COMMISSION
F. P. M. CHAPTER A6

# APPOINTMENT AFFIDAVITS

**IMPORTANT.**—*Before swearing to these appointment affidavits, you should read and understand the attached information for appointee*

CENTRAL INTELLIGENCE AGENCY | | WASHINGTON, D. C.
(Department or agency) (Bureau or division) (Place of employment)

I, JAMES BERNARD WILCOTT, JR., do solemnly swear (or affirm) that—

## A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

## B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

## C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

## D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

## E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

4 March 1957 — James B. Wilcott Jr.
(Date of entrance on duty) (Signature of appointee)

Subscribed and sworn before me this 4th day of March A. D. 19 57,

at Washington, (City) D. C. (State)

[SEAL] — Ann L. Phillips (Signature of officer) 5 USC 16 & 16a

Appointment Clerk
(Title)

NOTE.—*If the oath is taken before a Notary Public the date of expiration of his commission should be shown.*

# DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)

1436 21st Street N.W. Washington, D.C.

2. (1) DATE OF BIRTH: 9/07/31

(2) PLACE OF BIRTH (city and State, or city and foreign country): Cleveland, Ohio

| 3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY | (B) RELATIONSHIP | (C) STREET AND NUMBER, CITY AND STATE | (D) TELEPHONE NO. |
|---|---|---|---|
| Mrs Geraldine Misher | sister | 1510 Brinkerhoff Ave Utica, N.Y. | |

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO

*If so, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.*

| NAME | POST OFFICE ADDRESS (Give street number, if any) | (1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED | RELATIONSHIP | MARRIED (Check one) | SINGLE |
|---|---|---|---|---|---|
| | | 1.<br>2.<br>3. | | | |
| | | 1.<br>2.<br>3. | | | |
| | | 1.<br>2.<br>3. | | | |

| INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|---|---|---|
| 5 (1) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (2) AS A NATIVE OF AMERICAN SAMOA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA? | X | |
| 6 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? *If your answer is "Yes," give details in Item 12* | | X |
| 7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? *If your answer is "Yes," give details in Item 12* | | X |
| 8 [illegible] STATE LAW, COUNTY OR MUNICIPAL LAW [illegible] DO NOT INCLUDE TRAFFIC VIOLATIONS FOR [illegible] WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED. *If your answer is "Yes," give in Item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.* | | X |
| 9 SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS? *If your answer is "Yes," give dates of and reasons for such debarment in Item 12* | | X |

| INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN | YES | NO |
|---|---|---|
| 10 (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT? | | X |
| (B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED? | | |
| 11 SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT: A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE: (1) YOUR CONDUCT WAS NOT SATISFACTORY? | | X |
| (2) YOUR WORK WAS NOT SATISFACTORY? | | X |
| B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT: (1) YOUR CONDUCT WAS NOT SATISFACTORY? | | X |
| (2) YOUR WORK WAS NOT SATISFACTORY? | | X |
| C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS? *If your answer to A, B, or C is "Yes," give details in Item 12 as clearly as you can remember, including the name and address of employer, approximate date, and reasons in each case.* | | X |

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (*Indicate item numbers to which answers apply.*)

| ITEM NO. | | ITEM NO. | |
|---|---|---|---|
| | | | [illegible] |

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

U.S. GOVERNMENT PRINTING OFFICE 10—58180-3

14-00000

12 March 1959

To: Personnel Division

From: James B. Wilcott, Jr.

Subject: Supplements to personnel records

Please add to my personnel records the attached information concerning my education and recently born child.

When I submitted my Personnel History Statement with my application for employment I was still attending business school. Therefore, my final transcript and graduation certificate were not included.

The attached auto-stat copies are attached as instructed by Personnel Division.

Also attached is a copy of my grade report for the 1st and 2nd semesters at the U. S. Department of Agriculture Graduate school for Elementary Federal Government Accounting.

James B Wilcott Jr.

JAMES B WILCOTT JR

# [illegible]

Syracuse New York

Be it Known That

**James B. Wilcott**

has completed the curriculum prescribed by the Faculty and Board of Directors of this Institute and after examinations in all the required subjects is therefore adjudged worthy of Graduation from the Course of

**Executive Business Administration and Accountancy**

and is entitled to all the rights, privileges, and honors of the Institute, by which these presents are conferred.

In Testimony Whereof, witness the seal of the Institute and the signatures of its officers are affixed at Syracuse, New York.

February 22, 1957

[illegible]

[illegible] REPORT

Attitude toward Work: Good

Attitude toward Others: Good

Personal Appearance: Good

Attendance: Average    I.Q. ____

[illegible]

| Subject | Grade | Class Sessions | Credit Hours |
|---|---|---|---|
| [illegible] | | | |
| [illegible] | | | |
| [illegible] | B | 6 | 6 |
| [illegible] | B | 5 | 3 |
| [illegible] | B | 5 | 3 |
| [illegible] | B | 5 | 3 |
| [illegible] | A | 5 | 3 |
| [illegible] Comm. | C | 5 | 3 |
| [illegible] | B- | 5 | 3 |
| [illegible] | | | |
| [illegible]ship | A- | 5 | 3 |
| [illegible] | B | 5 | 3 |
| [illegible] | C | 5 | 3 |
| [illegible]: | | | |
| [illegible] | | | |
| [illegible] & Contracts | C | 2½ | 1½ |
| [illegible]ship | [illegible] | [illegible] | 1½ |
| [illegible] | B | | |
| [illegible] U.S. | | | |
| [illegible] | C+ | 1½ | 1½ |
| [illegible] Gov't | | | |
| [illegible] | A | 2½ | 1½ |
| [illegible] I | B | 1½ | 1½ |
| [illegible] II | C | 2½ | 1½ |
| [illegible]: | | | |
| [illegible] I | C- | 5 | 3 |
| [illegible] | C | [illegible] | [illegible] |
| [illegible] | | | |
| [illegible] | | | |

| Subject | Grade | Class Sessions per week | Credit Hours |
|---|---|---|---|
| FINANCE: | | | |
| Advertising | C | 2½ | 1½ |
| Bus. Organization | A- | - | 1½ |
| [illegible] | A- | - | 1 |
| Corp. Finance I | A- | - | 1½ |
| Corp. Finance II | A- | - | 1½ |
| Credit & Collections | A | - | 1½ |
| Economics I | B | - | 1½ |
| Economics II | | | |
| Insurance | A | - | 1½ |
| Investments | A | - | 1½ |
| [illegible] | C+ | - | 1½ |
| Money & Banking | A- | - | 1½ |
| [illegible] | A- | - | 1½ |
| [illegible] | A- | - | [illegible] |
| [illegible] | | | |
| CLERICAL SKILLS: | | | |
| Filing | A | 5 | 3 |
| [illegible] | A | | |
| [illegible] | -- | | |
| Shorthand Theory | -- | | |
| Dictation Speed | -- | | |
| Typing Theory | B | 15 | 3 |
| Typing Speed | 42 wpm | — | — |
| MEDICAL STUDIES: | | | |
| Anatomy | | | |
| First Aid | | | |
| Office Procedures | | | |
| Med. Terminology | | | |
| Personality Devel. | | | |
| [illegible] | | | |

14-00000

JAMES B. WILCOTT JR.

ELEMENTARY AND SECONDARY EDUCATION

JAMES B. WILCOTT JR.

14-00000

## SECTION IX — MARITAL STATUS

| 1. CHECK ONE: | | SINGLE | | MARRIED | | WIDOWED | | SEPARATED | | DIVORCED | | ANNULLED |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

WIFE OR HUSBAND: IF YOU HAVE BEEN MARRIED MORE THAN ONCE, INCLUDING ANNULMENTS, USE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.

3. NAME OF SPOUSE (*First*) (*Middle*) (*Nee*) (*Last*)

| 4. DATE OF MARRIAGE | 5. PLACE OF MARRIAGE |
|---|---|
| 6. DATE OF BIRTH | 7. PLACE OF BIRTH |
| 8. NATIONALITY AT BIRTH | 9. SUBSEQUENT CITIZENSHIPS |

10. PRESENT RESIDENCE (*Last residence, if deceased*)

## SECTION X — CHILDREN

| FULL NAME | SEX M | SEX F | YEAR OF BIRTH | PLACE OF BIRTH | NATIONALITY AT BIRTH* |
|---|---|---|---|---|---|
| STEVEN JAMES WILCOTT | X | | 1959 | Washington, D. C. | U.S. citizen |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*SUBSEQUENT CITIZENSHIPS HELD BY ANY CHILD (*Identify child and give his, or her, present address*)

## SECTION XI — FATHER

| 1. FULL NAME | 2. YEAR OF BIRTH | 3. PLACE OF BIRTH | 4. NATIONALITY AT BIRTH |
|---|---|---|---|
| 5. SUBSEQUENT CITIZENSHIPS | 6. OCCUPATION | 7. PRESENT RESIDENCE | |

## SECTION XII — MOTHER

| 1. FULL NAME | 2. YEAR OF BIRTH | 3. PLACE OF BIRTH | 4. NATIONALITY AT BIRTH |
|---|---|---|---|
| 5. SUBSEQUENT CITIZENSHIPS | 6. OCCUPATION | 7. PRESENT RESIDENCE | |

| SECTION II | CITIZENSHIP |
|---|---|
| 1. PRESENT CITIZENSHIP | 2. NATIONALITY AT BIRTH AND ANY SUBSEQUENT CITIZENSHIPS *(If different than Item 1.)* |
| 3. PRESENT RESIDENCE *(Indicate as owner, tenant or sub-tenant)* | |
| 4. PERMANENT ADDRESS *(If different than Item 3.)* | |
| 5. IF U.S. NATURALIZED CITIZEN, GIVE NAME, DATE, CITY AND NUMBER OF CERTIFICATE GRANTED | |
| 6. TRAVEL OUTSIDE COUNTRY OF PRESENT RESIDENCE *(Countries, dates and purposes)* | |

| SECTION III | OCCUPATIONAL AND FINANCIAL DATA | |
|---|---|---|
| 1. PRESENT OCCUPATION | 2. TITLE | 3. SALARY *(Per annum)* |
| 4. FINANCIAL STATUS *(Earnings, bank deposits, securities and property)* | | |

| SECTION IV | ORGANIZATIONAL AFFILIATIONS |
|---|---|
| 1. MEMBERSHIP IN RELIGIOUS ORGANIZATIONS | |
| 2. PRESENT AND PAST MEMBERSHIP IN PROFESSIONAL AND SOCIAL ORGANIZATIONS; POLITICAL AFFILIATIONS | |

SECTION V — EDUCATIONAL DATA

1. SCHOOLS

| NAME AND LOCATION OF SCHOOL | NAME OF COURSE | DATES ATTENDED FROM | DATES ATTENDED TO | DEGREE RECEIVED |
|---|---|---|---|---|
| US Dept. of Agriculture Graduate School Wash D. C. | Elementary Federal Gov. Accounting 1st semester | Sept 1957 | Feb 1958 | Grade - B |
| US Dept. of Agriculture Graduate School Wash D. C. | Elementary Federal Gov. Accounting 2nd semester | Feb 1958 | May 1958 | Grade - A |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. LANGUAGES AND DIALECTS

| LANGUAGE *(List below each language in which you possess any degree of competence.)* | COMPETENCE: READ YES | READ NO | WRITE YES | WRITE NO | SPEAK YES | SPEAK NO | UNDERSTAND YES | UNDERSTAND NO |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

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# PERIODIC SUPPLEMENT
## PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

*This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.*

**SECTION I — GENERAL**

1. FULL NAME (Last-First-Middle): Wilcott, James Bernard Jr.
2. CURRENT ADDRESS (No., Street, City, Zone, State): Governor Shephard Apts Apt 103, 2121 Virginia Ave NW Washington, 7 D.C.
3. PERMANENT ADDRESS (No., Street, City, Zone, State): same
4. HOME TELEPHONE NUMBER: NA-8-3771 Ex 103
5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE: Washington, D.C.

**SECTION II — PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S.: Mrs. Elsie L. Wilcott
2. RELATIONSHIP: Wife
3. HOME ADDRESS (No., Street, City, Zone, State, Country): 2121 Virginia Ave NW Washington 7, D.C.
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country). INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE: 2430 E St. Washington, D.C.
5. HOME TELEPHONE NUMBER: NA 8-3771 EX 103
6. BUSINESS TELEPHONE NUMBER: EX 3-6115
7. BUSINESS TELEPHONE EXTENSION: Ex 3229
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.

**SECTION III — MARITAL STATUS**

1. CHECK (X) ONE: [ ] SINGLE [X] MARRIED [ ] WIDOWED [ ] SEPARATED [ ] DIVORCED [ ] ANNULLED
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS: NA

*SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiance.*

3. NAME: (First) Elsie (Middle) Louise (Maiden) Paul (Last) Wilcott
4. DATE OF MARRIAGE: 9/9/55
5. PLACE OF MARRIAGE (City, State, Country): Eagle Bay, New York USA
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country): Cold Brook, New York USA

CODED FOR QUALIFICATIONS DATE 15 AUG 1958

7. LIVING: [X] YES [ ] NO
8. DATE OF DEATH:
9. CAUSE OF DEATH: NA
10. CURRENT ADDRESS (Give last address, if deceased): 2121 Virginia Ave NW, Washington 7, D.C.
11. DATE OF BIRTH: 9/9/34
12. PLACE OF BIRTH (City, State, Country): Cold Brook, New York
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY: NA
14. PLACE OF ENTRY:
15. CITIZENSHIP (Country): USA
16. DATE ACQUIRED:
17. WHERE ACQUIRED (City, State, Country):
18. OCCUPATION: Govern. clerk steno
19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers):
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country): 2430 E St. Washington, D.C.

SECTION III CONTINUED TO PAGE 2

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SECTION III CONTINUED FROM PAGE 1

21. DATES OF MILITARY SERVICE OF SPOUSE (From and To) BY MONTH AND YEAR
None

| 22. BRANCH OF SERVICE | 23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED |
|---|---|
| NA | |

24. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN
None

## SECTION IV — RELATIVES BY BLOOD, MARRIAGE OR ADOPTION LIVING ABROAD OR WHO ARE NOT U.S. CITIZENS

| | 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
|---|---|---|---|
| 1 | None | | |
| | 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| | 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 2 | 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| | 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| | 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 3 | 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| | 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| | 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |
| 4 | 1. FULL NAME (Last-First-Middle) | 2. RELATIONSHIP | 3. AGE |
| | 4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES | | |
| | 5. CITIZENSHIP (Country) | 6. FREQUENCY OF CONTACT | 7. DATE OF LAST CONTACT |

5. SPECIAL REMARKS, IF ANY, CONCERNING THESE RELATIVES

## SECTION V — FINANCIAL STATUS

1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? ☐ YES ☒ NO

2. DO YOU HAVE ANY FINANCIAL INTEREST IN, OR OFFICIAL CONNECTION WITH, NON-U.S. CORPORATIONS OR BUSINESSES OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS? ☐ YES ☐ NO IF YOU HAVE ANSWERED "YES," GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH IN A SEALED ENVELOPE.

3. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION, OR COMPENSATION FOR MILITARY OR NAVAL SERVICE? ☐ YES ☐ NO

4. IF YOU HAVE ANSWERED "YES" TO QUESTION 3 ABOVE, GIVE COMPLETE DETAILS.
My wife also receives a salary.

5. WITHOUT REFERENCE TO YOUR SALARY, STATE OTHER SOURCES OF RECURRENT INCOME NOT INDICATED BY PRECEDING ITEMS.
None

SECTION V CONTINUED TO PAGE 3

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SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

| NAME OF INSTITUTION | ADDRESS (City, State, Country) |
|---|---|
| The National Bank of Washington | Washington, D. C. |
| | |
| | |
| | |

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? [ ] YES [X] NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI — CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP: USA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE: [X] BIRTH [ ] MARRIAGE [ ] OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? [ ] YES [X] NO

4. GIVE PARTICULARS

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)
NA

SECTION VII — EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

| | | | |
|---|---|---|---|
| | LESS THAN HIGH SCHOOL GRADUATE | | OVER TWO YEARS OF COLLEGE - NO DEGREE |
| | HIGH SCHOOL GRADUATE | | BACHELOR'S DEGREE |
| | TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE | | GRADUATE STUDY LEADING TO HIGHER DEGREE |
| X | TWO YEARS COLLEGE OR LESS | | MASTER'S DEGREE / DOCTOR'S DEGREE |

2. COLLEGE OR UNIVERSITY STUDY

| NAME AND LOCATION OF COLLEGE OR UNIVERSITY | SUBJECT MAJOR | SUBJECT MINOR | DATES ATTENDED FROM | DATES ATTENDED TO | DEGREE REC'D | DATE REC'D | SEM/QTR HRS. COMPLETED (Specify) |
|---|---|---|---|---|---|---|---|
| Utica College of Syracuse Univ. Utica, NY | Physics | Math | Feb. 53 | June 55 | None | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED FROM | DATES ATTENDED TO | TOTAL HOURS |
|---|---|---|---|---|
| Central City Business Institute | Accounting (2 years) | Feb. 1955 | Feb. 1957 | |
| | | | | |

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

| NAME OF SCHOOL | STUDY OR SPECIALIZATION | DATES ATTENDED FROM | DATES ATTENDED TO | TOTAL WEEKS |
|---|---|---|---|---|
| Ft. Belvoir Engineer School | electrician | April 1949 | June 1949 | 8 |
| | | | | |

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE: At present taking a course at US Dept of Agr.
Title - Elementary Federal Government Accounting

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(When Filled In)

**SECTION VIII — GEOGRAPHIC AREA KNOWLEDGE**

1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.

| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE, TRAVEL, ETC. | KNOWLEDGE ACQUIRED BY: RESIDENCE | TRAVEL | STUDY | WORK ASSIGNMENT |
|---|---|---|---|---|---|---|
| Okinawa | | 6/49 to 3/51 | X | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE

3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.

| NAME OF REGION OR COUNTRY | TYPE OF SPECIALIZED KNOWLEDGE | DATES OF RESIDENCE, TRAVEL, ETC. | KNOWLEDGE ACQUIRED BY: HQTS ASSIGNMENT | FIELD ASSIGNMENT | TRAINING |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**SECTION IX — TYPING AND STENOGRAPHIC SKILLS**

1. TYPING (W.P.M.): 40
2. SHORTHAND (W.P.M.):
3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM: GREGG [ ] SPEEDWRITING [ ] STENOTYPE [ ] OTHER (Specify):
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.) National Bookkeeping

**SECTION X — SPECIAL QUALIFICATIONS**

1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH

Chess - Fair, Football - fair

2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK

US Dept of Agr. Graduate School - Elementary Federal Government Accounting

3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.

National Bookkeeping machines, comptometer, calculator

4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE; NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.

None

5. FIRST LICENSE OR CERTIFICATE (Year of issue):
6. LATEST LICENSE OR CERTIFICATE (Year of issue):

SECRET

**SECTION X CONTINUED FROM PAGE 4**

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (*Do not submit copies unless requested*). INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (*Non-fiction, scientific articles, general interest subjects, novels, short stories, etc.*)

None

8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED

None

9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE

None

10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.

None

**SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE**

**1**

| 1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
|---|---|---|
| 3/20/57 to 2/15/58 | 5 | Fiscal Div. Accounts Branch |

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION: None
5. OFFICIAL POSITION TITLE: Accounting Clerk
6. DESCRIPTION OF DUTIES

Posting of financial transactions to Allotment Ledgers

**2**

| 1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
|---|---|---|
| 2/15/58 to Present | 5 | Finance Div. Tax and Compensation Branch |

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION: None
5. OFFICIAL POSITION TITLE: Payroll Clerk
6. DESCRIPTION OF DUTIES

Preparation of payroll documents considering base and premium pay and allowances, Maintaining of leave records, Conduct liaison with area division on payroll problems Application of Agency pay regulations.

**3**

| 1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
|---|---|---|
| | | |

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION
5. OFFICIAL POSITION TITLE
6. DESCRIPTION OF DUTIES

**4**

| 1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
|---|---|---|
| | | |

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION
5. OFFICIAL POSITION TITLE
6. DESCRIPTION OF DUTIES

**5**

| 1. INCLUSIVE DATES (*From- and To-*) | 2. GRADE | 3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT |
|---|---|---|
| | | |

4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION
5. OFFICIAL POSITION TITLE
6. DESCRIPTION OF DUTIES

(*Use additional pages if required*)

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SECTION XII — CHILDREN AND OTHER DEPENDENTS

| | | | |
|---|---|---|---|
| 1. NUMBER OF CHILDREN (Including stepchildren and adopted children) WHO ARE UNMARRIED, UNDER 21 YEARS OF AGE, AND ARE NOT SELF-SUPPORTING. | | 2. NUMBER OF OTHER DEPENDENTS (Including spouse, parents, stepparents, sister, etc.) WHO DEPEND ON YOU FOR AT LEAST 50% OF THEIR SUPPORT, OR, CHILDREN OVER 21 YEARS OF AGE, WHO ARE NOT SELF-SUPPORTING. | |

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

| NAME | RELATIONSHIP | YEAR OF BIRTH | M | F | CITIZENSHIP | ADDRESS |
|---|---|---|---|---|---|---|
| None | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

ADDITIONAL COMMENT AND/OR CONTINUATION OF PRECEDING ITEMS

**I feel that my instruction at the Dept. of Agr. Graduate School is giving me a good foundation in governmental accounting and I sincerely hope it will be considered in future assignments.**

APR 14 10 43 AM '58

DATE COMPLETED 4/12/58 SIGNATURE OF EMPLOYEE [illegible]

SECRET

1124

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Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

| NAME OF EMPLOYEE (Last) | (First) | (Middle) | SOCIAL SECURITY NUMBER |
|---|---|---|---|
| Wilcott | James | Bernard Jr | 103-24-6095 |

**1. RESIDENCE DATA**

| PLACE OF RESIDENCE WHEN INITIALLY APPOINTED | LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad) |
|---|---|
| Syracuse, N.Y. | |
| **PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE** | **HOME LEAVE RESIDENCE** |
| Cold Brook, N.Y. | |

**2. MARITAL STATUS (Check one)**

| SINGLE | MARRIED | SEPARATED | DIVORCED | WIDOWED | ANNULLED |
|---|---|---|---|---|---|
| | ✓ | | | | |

| IF MARRIED, PLACE OF MARRIAGE | DATE OF MARRIAGE |
|---|---|
| Eagle Bay, N.Y. | 9/9/54 |
| **IF DIVORCED, PLACE OF DIVORCE DECREE** | **DATE OF DECREE** |
| | |
| **IF WIDOWED, PLACE SPOUSE DIED** | **DATE SPOUSE DIED** |
| | |

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

**3. MEMBERS OF FAMILY**

| NAME OF SPOUSE | ADDRESS (No., Street, City, Zone, State) | TELEPHONE NO. | |
|---|---|---|---|
| Elsie Louise | Cold Brook, N.Y. | | |
| **NAMES OF CHILDREN** | **ADDRESS** | **SEX** | **DATE OF BIRTH** |
| Steven James | Cold Brook, N.Y. | M | 2/16/59 |
| **NAME OF FATHER (Or male guardian)** | **ADDRESS** | **TELEPHONE NO.** | |
| James Bernard Wilcott | Unknown | | |
| **NAME OF MOTHER (Or female guardian)** | **ADDRESS** | **TELEPHONE NO.** | |
| Esther Maud Wilcott | 1510 Brinkerhoff Ave Utica N.Y. | | |

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

**4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

| NAME (Mr., Mrs., Miss) (Last-First-Middle) | RELATIONSHIP |
|---|---|
| Geraldine Francis Mosher | Sister |
| **HOME ADDRESS (No., Street, City, Zone, State)** | **HOME TELEPHONE NUMBER** |
| 1510 Brinkerhoff Ave Utica N.Y. | |
| **BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE** | **BUSINESS TELEPHONE & EXTENSION** |
| | |

| | | |
|---|---|---|
| IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) US ARMY | YES | |
| | NO | ✓ |
| IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.) | YES | |
| | NO | ✓ |
| DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES | YES | ✓ |
| | NO | |

The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.

CONTINUED ON REVERSE SIDE

**CURRENT RESIDENCE AND DEPENDENCY REPORT**

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| 5. | VOLUNTARY ENTRIES |
|---|---|

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

CITIZENS BANK OF MARYLAND
RIVERDALE, MD # 460-1-596

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☒ NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?
☐ YES ☒ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

| 6. | ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS |
|---|---|

| SIGNED AT | DATE | SIGNATURE |
|---|---|---|
| Washington, D.C. | 15 April 1965 | James E. Wilcott Jr. |

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14-00000

STANDARD FORM 144
REVISED SEPTEMBER 1954
U. S. CIVIL SERVICE COMMISSION
FPM CHAPTERS LL, R3, AND S2

# STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

**IMPORTANT:** The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

## PART I—EMPLOYEE'S STATEMENT

1. NAME (Last, first, middle initial): WILCOTT, JAMES BERNARD, JR.

2. DATE OF BIRTH: 27 Sept. 1931

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

| NAME AND LOCATION OF AGENCY | FROM— YEAR | MONTH | DAY | TO— YEAR | MONTH | DAY | TYPE OF APPOINTMENT IF KNOWN |
|---|---|---|---|---|---|---|---|
| None | | | | | | | |

4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."

| BRANCH | FROM— YEAR | MONTH | DAY | TO— YEAR | MONTH | DAY | DISCHARGE (Hon. or dishon.?) |
|---|---|---|---|---|---|---|---|
| U. S. Army | 1948 | Dec | 13 | 1952 | Aug. | 20 | Hon. |

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☐ NO
IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

| TYPE IF KNOWN (LWOP, Furl, Susp, AWOL, Mer Mar) | FROM— YEAR | MONTH | DAY | TO— YEAR | MONTH | DAY | TOTAL YEARS | MONTHS | DAYS |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?
☐ YES ☐ NO
(If answer is "Yes," in what agency were you employed at the time status was acquired?)

7. ARE YOU:
A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☒ NO
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☒ NO
C. THE UNREMARRIED WIDOW OF A VETERAN? ☐ YES ☒ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.
I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

4 March 1957 (DATE) — James B. Wilcott Jr. (SIGNATURE)

Subscribed and sworn to before me on this 4th day of March 1957 (MONTH) at Washington, D. C. (CITY) (STATE)

SEAL

Carl E. Phillips
Appointment Clerk

**NOTE:** If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

## PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

9. RETENTION GROUP

10. A. CSC STATUS ☐ YES ☐ NO
B. TYPE OF PRESENT APPOINTMENT

11. SERVICE

| YEAR | MONTH | DAY |
|---|---|---|
| 03 | 08 | 08 |

12. TOTAL SERVICE: 03-08-08

13. NONCREDITABLE SERVICE (Leave purposes only):

14. NONCREDITABLE SERVICE (RIF purposes only).

15. REEMPLOYMENT RIGHTS ☐ YES ☐ NO

16. RETENTION RIGHTS ☐ YES ☐ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

**INSTRUCTIONS:** File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.

(OVER)

16—00483-8

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*Part III.*—DETERMINATION OF COMPETITIVE STATUS. (*Complete for noncompetitive hires based on competitive status as required by instructions in FPM Chapter S3.*) Employee has a competitive status. This determination is based upon the following evidence:

| NAME OF AGENCY | SIGNATURE AND OFFICIAL TITLE | DATE |
|---|---|---|
| | verified 6/7/57 | |
| | | |
| | | |
| | | |

PART IV.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES

| | TOTAL SERVICE (*Item 12*) | NONCREDITABLE SERVICE (*Item 13*) | CREDITABLE SERVICE (*Leave Purposes*) | ENTRANCE ON DUTY DATE (*Present Agency*) | LESS CREDITABLE SERVICE (*Leave Purposes*) | SERVICE COMPUTATION DATE (*Leave Purposes*) |
|---|---|---|---|---|---|---|
| Years | 03 | / | 03 | 57 | 03 | 53 |
| Months | 08 | / | 08 | 03 | 08 | 06 |
| Days | 08 | / | 08 | 04 | 08 | 26 |

PART V.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR REDUCTION IN FORCE PURPOSES. (*Complete only in those cases when the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.*)

| | TOTAL SERVICE (*Item 12*) | NONCREDITABLE SERVICE (*Item 14*) | CREDITABLE SERVICE (*RIF Purposes*) | ENTRANCE ON DUTY DATE (*Present Agency*) | LESS CREDITABLE SERVICE (*RIF Purposes*) | SERVICE COMPUTATION DATE* (*RIF Purposes*) |
|---|---|---|---|---|---|---|
| Years | | | | | | |
| Months | | | | | | |
| Days | | | | | | |

* Enter as the "Service Computation Date" on the employee's "Service Record Card," SF 7

REMARKS:

U. S. GOVERNMENT PRINTING OFFICE 16—60489-5

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## SECURITY APPROVAL

DATE : 20 November 1965

YOUR REFERENCE: Memorandum dated 18 November 1965

CASE NO. : 109301

TO : Director of Personnel

ATTN :

SUBJECT : WILCOTT, James B., Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.

3. As part of the entrance on duty processing:

- [ ] A personal interview in the Office of Security must be arranged.
- [XXX] A personal interview is not necessary.
- [ ] Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.

4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

Steven L. Kuhn
Steven L. Kuhn
Chief, Personnel Security Division

FORM 10-63 1173 OBSOLETE PREVIOUS EDITIONS

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GROUP 1 Excluded from automatic downgrading and declassification

14-00000

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**STAFF AGENT CLEARANCE**

**DATE** : 19 April 1965

**YOUR REFERENCE:** 32273

**CASE NO.** : #109301

**TO** : Chief, Contract Personnel Division

**ATTN.** : Staff Agents Branch

**SUBJECT** : [redacted] Wilcott, James B

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-07, by DDP/WH in the capacity of

Fiscal Acct. Asst., at JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

- [ ] A personal interview in the Office of Security must be arranged by your office.
- [XXX] A personal interview is not necessary.
- [ ]

W. A. Osborne
W. A. Osborne
CHIEF, PERSONNEL SECURITY DIVISION, OS

FORM 10-61 1989 CONFIDENTIAL (9-40)



JAMES B. WILCOTT JR
MAR 67

# NEIL F. DOHERTY

## PERSONAL HISTORY STATEMENT

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS?

PERSONAL BACKGROUND

14-00000

14-00000

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14-00000

BROTHER-IN-LAW

FULL NAME Carlo [illegible] [illegible]

LIVING OR DECEASED LIVING DATE OF DECEASE NA

PRESENT ADDRESS [illegible] Gold Brook [illegible] U.S.A.

DATE OF BIRTH 9-4-1906 PLACE OF BIRTH Newport R.I.

IF BORN OUTSIDE THE UNITED STATES DATE OF ENTRY NA

CITIZENSHIP American [illegible] [illegible]

[illegible] NA

RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO RESIDE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES NONE

NAME [illegible] RELATIONSHIP [illegible]

[illegible]

14-00000

ACTIVE DUTY OF UNIFORMED MILITARY SERVICE

[illegible] 46 months [illegible]

Camp Roberts, California [illegible] HONORABLE

REMARKS: NONE

SELECTIVE SERVICE BOARD NUMBER [illegible] New York

[illegible]

[illegible]

CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. [illegible]

[illegible]

[illegible]

[illegible]

HAVE YOU EVER BEEN DISCHARGED [illegible] TION? HAVE YOU LEFT A POSITION UNDER [illegible] DESIRE TO EXPLAIN? GIVE DETAILS:

NO

GENERAL QUALIFICATIONS

[illegible]

LANGUAGE [illegible]

LANGUAGE [illegible]

[illegible]

JAMES B WILCOTT JR
MAR 57

JAMES B WILCOTT JR
MAR 67

14-00000

CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

14-00000

DATE OF [illegible]

DATE OF [illegible]

[illegible]

DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE [illegible]

[illegible]

JAMES B WILCOTT JR
MAR 57

... WILL BE INVESTIGATED ...

NO

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.

[illegible]

However, [illegible] records [illegible] that [illegible] in the City of Utica, New York [illegible] into business with his brother, Charles Koehler, operating [illegible] The Sandwich Shop, located at [illegible] Park Ave. Utica, New York.

[illegible] employment record is as follows:

FROM [illegible] to [illegible]-54
Employing Firm [illegible]
Address: 1318 Sunset Ave. Utica, N.Y.
Kind of Business: [illegible]
Title of Job: radio repairman
[illegible]
College

FROM [illegible]
Employing Firm [illegible]
Address: [illegible] New York
Kind of Business: [illegible]
Title of Job: [illegible]
[illegible]
Reason for leaving: [illegible]

FROM [illegible]
Employing Firm [illegible]
Address: Utica, New York
[illegible]
[illegible]

JAMES B WILCOTT JR
MAR 57

14-00000

CONFIDENTIAL
SECURITY INFORMATION

# SECURITY APPROVAL

Date: 9 November 1956

TO: Chief, Records & Services Division
Personnel Office

Your Reference: C-5841 Compt.

FROM: Chief,/Security Division
Personnel

Case Number: 109301

SUBJECT: WILCOTT, James Bernard, Jr.

1. This is to advise you of security action in the subject case as indicated below:

[X] Security approval is granted the subject person for access to classified information.

[ ] Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.

[ ] The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.

2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.

3. Subject is to be polygraphed as part of EOD procedures.

W. M. Knott

CONFIDENTIAL

FORM NO. 38-101
FEB 1952

(8)